

Healthy Weight Partnership Advisory Meeting

Welcome and Introduction

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What we hope to achieve through this Healthy Weight Partnership meeting?

- Describe the CDC Nutrition, Physical Activity and Obesity Prevention Program
- Provide a progress report of our Strategic Plan
- Describe the burden of obesity in Michigan
- Identify actions to enhance our partnership to address the current needs in the state
- Determine what our implementation plan will include



Michigan Healthy Weight Partnership



CDC Nutrition, Physical Activity & Obesity Prevention Program

- Previous Obesity prevention grants to Michigan
 - 1st grant 2001-2003
 - Obesity prevention in African American Women initiative
 - 2nd grant 2004-2008
 - Capacity Building



Michigan Healthy Weight Partnership



CDC Nutrition, Physical Activity & Obesity Prevention Program

- Current grant to Michigan
 - 2008-2013
 - Implementation
- Competitive grant application process
 - 51 applications
 - 23 grant awards



Michigan Healthy Weight Partnership



CDC Nutrition, Physical Activity & Obesity Prevention Program

Goal:

- Prevent and control obesity and other chronic diseases through healthful eating and physical activity.

Target Areas:

- Increase physical activity
- Increase the consumption of fruits and vegetables
- Decrease the consumption of sugar sweetened beverages
- Increase breastfeeding initiation, duration and exclusivity
- Reduce the consumption of high energy dense foods
- Decrease television viewing



Michigan Healthy Weight Partnership



CDC Nutrition, Physical Activity & Obesity Prevention Program

Program Objectives:

- Increase the number of policies and standards in place to support physical activity and healthful eating
- Increase access to and use of environments to support healthful eating and physical activity
- Increase the number of social and behavioral approaches that complement policy and environmental strategies to promote healthful eating and physical activity



Michigan Healthy Weight Partnership



Michigan's Nutrition, Physical Activity & Obesity Program Year 1 Work Plan

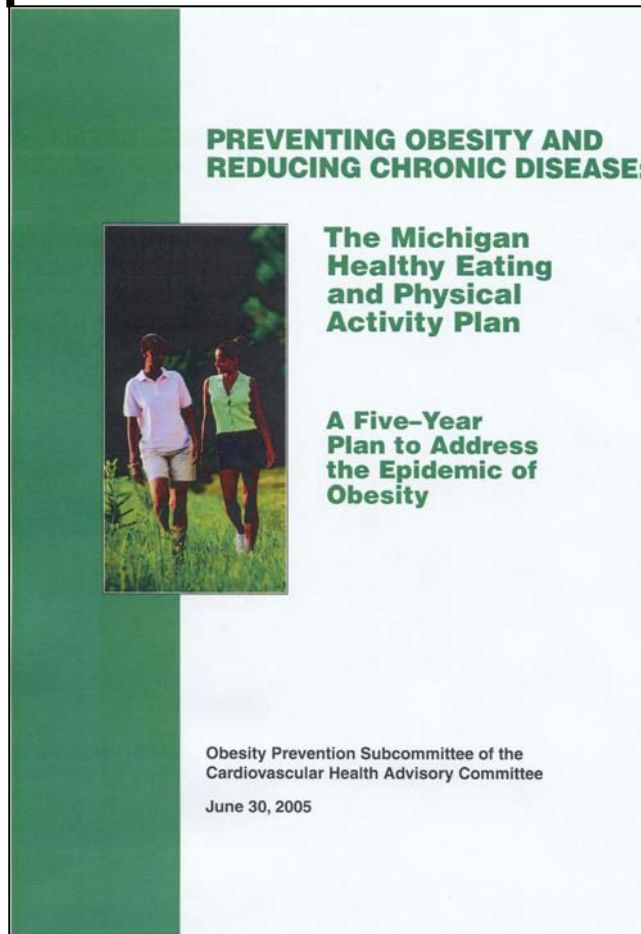
- Program Infrastructure
 - Staffing, Training, Technical Assistance and Dissemination
- Strategic Partnerships
- Implement the state plan in collaboration with partners
 - State-wide interventions, science-based, socio-ecological approach, major program targets
- Surveillance, Evaluation, and Success Stories



Michigan Healthy Weight Partnership



What is the status of our 5-Year Strategic Plan?



Progress Report:

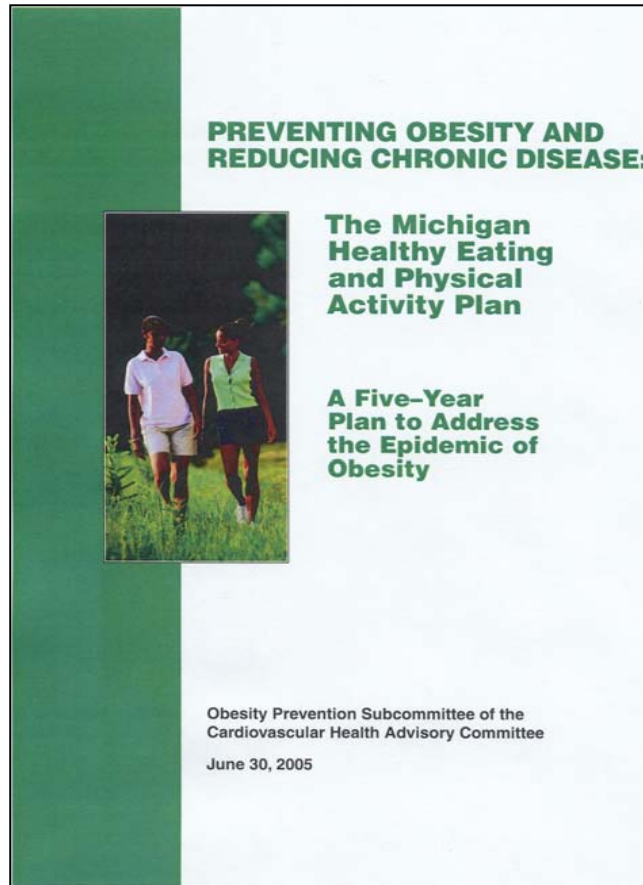
- Current Plan 2005-2010
- 68% objectives met
- 2 years remaining for implementation
- Partner expertise and programs



Michigan Healthy Weight Partnership



What is the status of our 5-Year Strategic Plan?



Stories From The Field



Michigan Healthy Weight Partnership



What is needed now?

- Implementation Plan for 2008-2009
- Partnership Plan
- Evaluation Advisory group
- Obesity Burden Report



Michigan Healthy Weight Partnership



Obesity in Michigan



Beth Anderson
Cardiovascular Health Epidemiologist
Michigan Department of Community Health
September 23, 2008

Outline

- Data Sources Available
- Obesity in Michigan
 - Adults
 - Youth
 - Children
- Physical Activity in Michigan
- Nutrition in Michigan
- Discussion on Michigan's burden report

Major types of health data

□ Risk Factor

- Demographic (age, race, sex)
- Behavioral (nutrition, physical activity)
- Genetic (genetic predisposition)

□ Health outcome

- Mortality
- Disease morbidity or severity
- Health indicators (BMI)

□ Resource

- Number of walking trails
- Number of grocery stores
- Number of health care providers

Obesity Principal Target Areas

- ❑ Increase physical activity
- ❑ Increase the consumption of fruits and vegetables
- ❑ Decrease the consumption of sugar sweetened beverages
- ❑ Increase breastfeeding initiation, duration and exclusivity
- ❑ Reduce the consumption of high energy dense foods
- ❑ Decrease television viewing

Obesity Principal Target Areas

Target Area	BRFS	YRBS	PRAMS	PEDNSS
Increase physical activity	X	X		
Increase the consumption of fruits and vegetables	X	X		
Decrease the consumption of sugar sweetened beverages		X		
Increase breastfeeding initiation, duration and exclusivity			X	X
Reduce the consumption of high energy dense foods				
Decrease television viewing		X		

Obesity Principal Target Areas

Target Area	BRFS	YRBS	PRAMS	PEDNSS
Increase physical activity	X	X		
Increase the consumption of fruits and vegetables	X	X		
Decrease the consumption of sugar sweetened beverages		X		
Increase breastfeeding initiation, duration and exclusivity			X	X
Reduce the consumption of high energy dense foods				
Decrease television viewing		X		

Obesity Principal Target Areas

Target Area	BRFS	YRBS	PRAMS	PEDNSS
Increase physical activity	X	X		
Increase the consumption of fruits and vegetables	X	X		
Decrease the consumption of sugar sweetened beverages		X		
Increase breastfeeding initiation, duration and exclusivity			X	X
Reduce the consumption of high energy dense foods				
Decrease television viewing		X		

Limitations with data sources

- ❑ Many surveys conducted at the state level cannot provide information at the local level
- ❑ Self-reported information
- ❑ Cross-sectional, not longitudinal
- ❑ Many are based on complex sampling designs
- ❑ Modes of collection introduce bias
 - Lack of telephone or cell phone use only (BRFS)
 - Literacy level (PRAMS)
 - Coverage – in some states YRBS only administered in urban schools



Burden of Obesity in Michigan

Prevalence Data

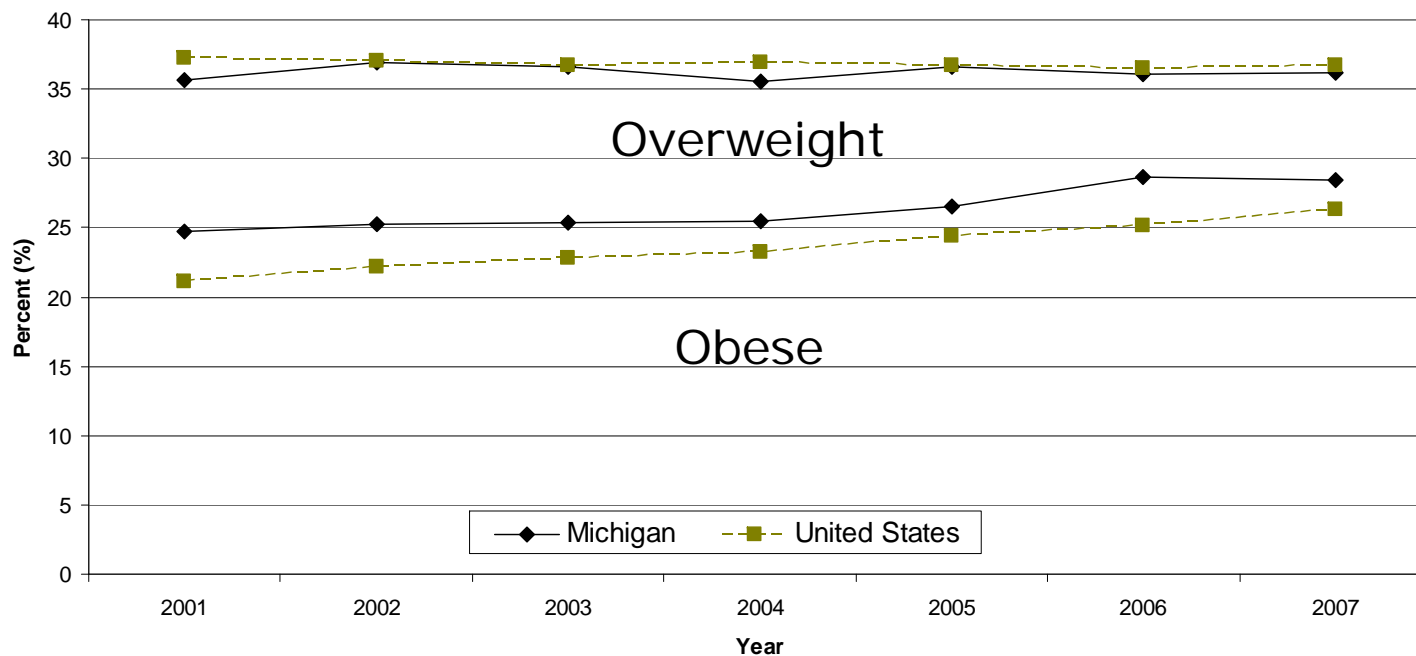
- Prevalence: the number of events in a given population at a given time
 - Not a rate...even though you may hear it referred to as a prevalence rate
 - Often multiplied by 100 and expressed as a percent

$$\text{Prevalence} = \frac{\text{Number of existing cases of disease}}{\text{Total population}}$$

- Example:
 - 21% of people in Michigan currently smoke. The number of people who reported being a smoker was divided by the total number of people asked.

Obesity in Michigan

Prevalence of overweight and obese adults, 18 and over, Michigan and United States, 2001-2007.



2007	Overweight (%)	Obese (%)
Michigan	36.2	28.4
United States	36.7	26.3

Source: Michigan BRFS and CDC BRFSS

Obesity in Michigan

**Table 13: Obesity^a by Race-Ethnicity
2007 Michigan BRFs**

Demographic Characteristics	Michigan ^b		White, Non-Hispanic		Black, Non-Hispanic		Other/Multiracial, Non-Hispanic		Hispanic	
	%	95% Confidence Interval	%	95% Confidence Interval	%	95% Confidence Interval	%	95% Confidence Interval	%	95% Confidence Interval
Total	28.4	(27.1-29.9)	26.8	(25.4-28.4)	37.4	(33.3-41.7)	25.8	(20.3-32.1)	38.1	(25.0-53.3)
Age										
18 - 49	25.8	(23.7-28.0)	24.0	(21.8-26.4)	35.3	(29.7-41.4)	18.6	(12.4-26.8)	35.8	(19.9-55.5)
50 +	32.3	(30.7-34.0)	30.4	(28.7-32.2)	41.8	(36.6-47.1)	40.2	(31.3-49.8)	46.8	(32.0-62.3)
Gender										
Male	29.1	(26.8-31.4)	28.2	(25.9-30.6)	33.2	(27.1-40.0)	18.1	(11.9-26.7)	---	^c
Female	27.8	(26.2-29.5)	25.5	(23.8-27.3)	40.9	(35.6-46.5)	33.8	(25.7-42.9)	21.2	(12.6-33.4)
Education										
High school graduate or less	30.4	(28.0-32.9)	28.6	(26.2-31.1)	38.6	(32.5-44.9)	23.3	(14.9-34.5)	42.7	(23.3-64.6)
Some college or more	27.3	(25.6-29.1)	25.8	(24.0-27.7)	36.6	(31.1-42.5)	26.8	(20.1-34.7)	33.5	(18.6-52.6)
Household Income										
< \$35,000	32.0	(29.4-34.7)	29.5	(26.7-32.3)	39.4	(33.5-45.7)	34.6	(24.3-46.6)	---	^c
\$35,000 +	27.8	(26.0-29.7)	26.7	(24.8-28.7)	36.3	(29.9-43.2)	24.5	(17.3-33.3)	37.6	(22.3-55.8)

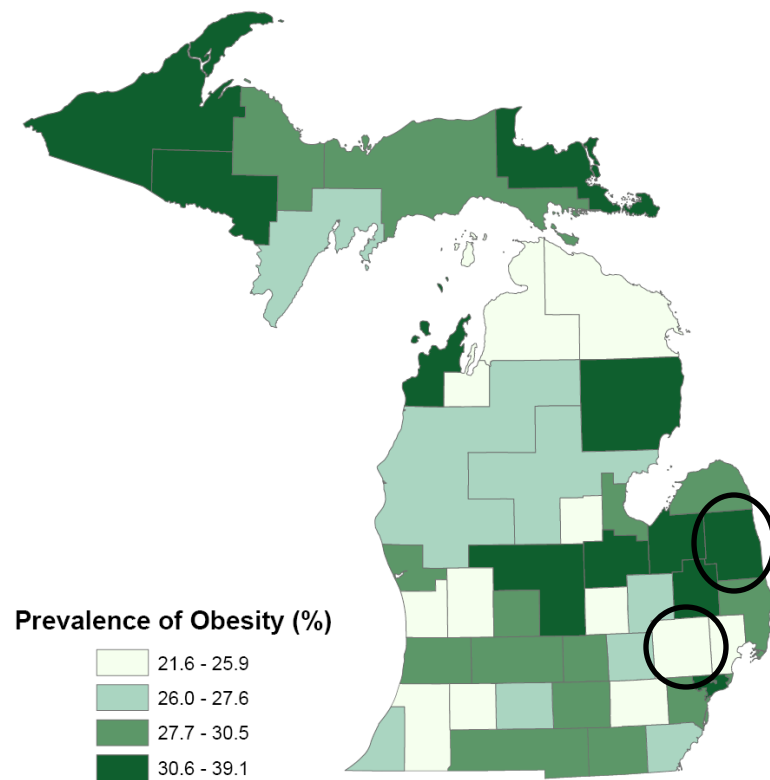
Note: BMI, body mass index, is defined as weight (in kilograms) divided by height (in meters) squared [weight in kg/(height in meters)²]. Weight and height were self-reported. Pregnant women were excluded.

^a The proportion of respondents whose BMI was greater than or equal to 30.0.

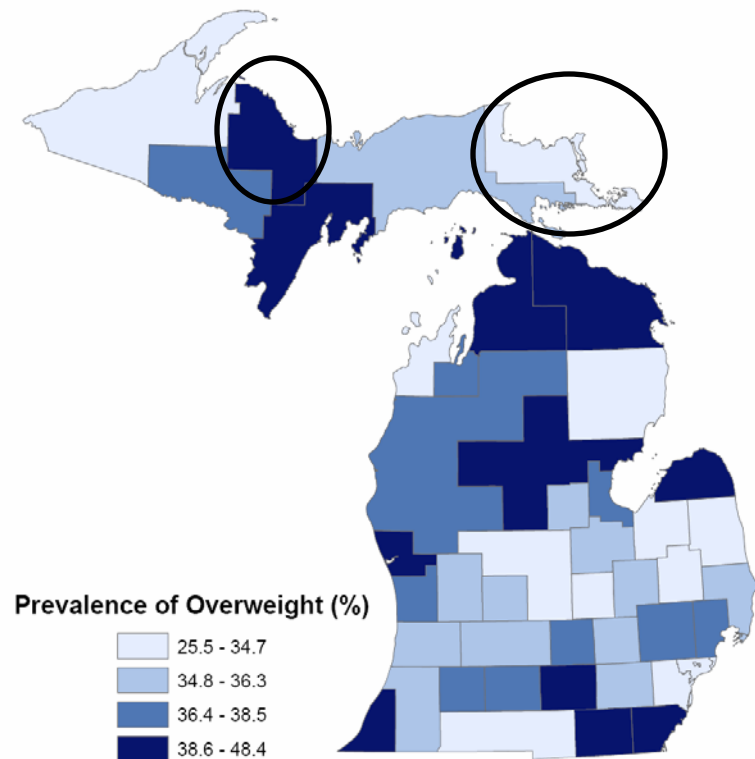
^b Michigan estimates include all racial groups.

^c Denominator cell size < 50.

Obesity in Michigan-Geography

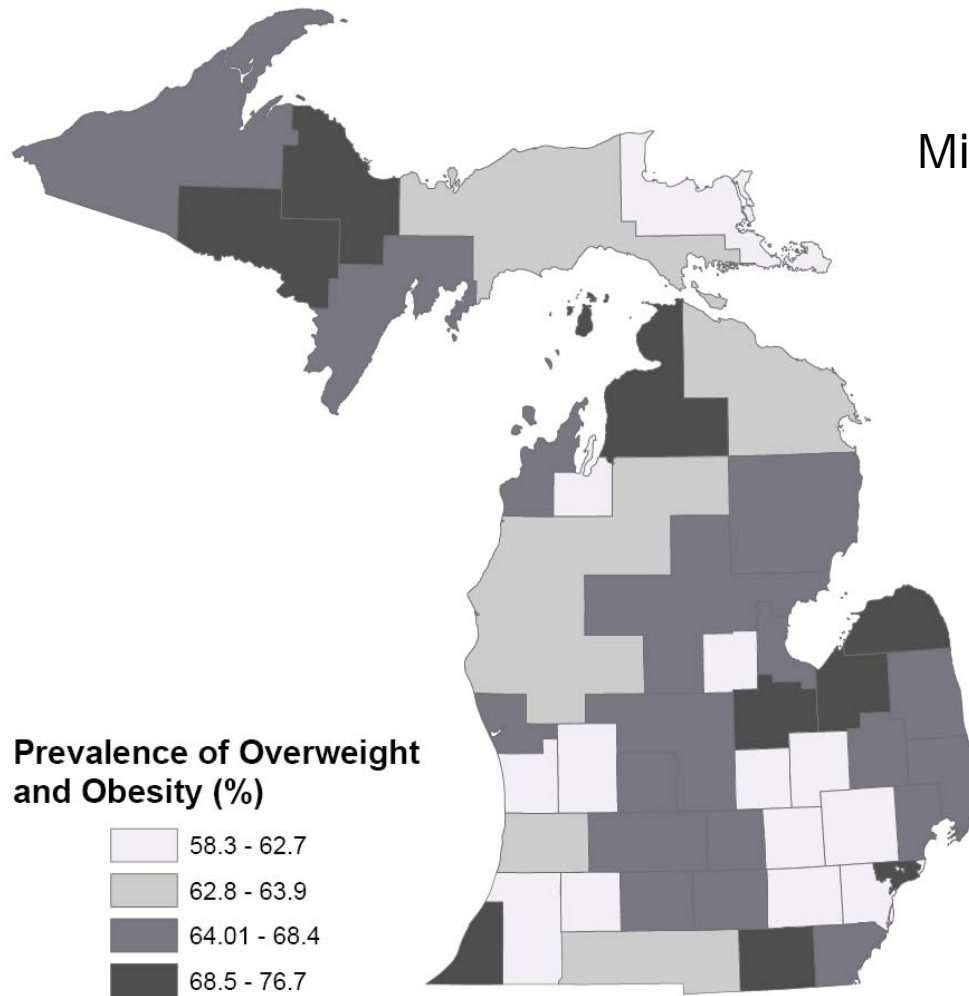


Michigan Prevalence: 27.6%



Michigan Prevalence: 36.3%

Obesity-Geography



Michigan Prevalence: 63.9%

Highest Prevalence

Marquette: 76.7%

Berrien: 71.3%

Lenawee: 70.7%

Lowest Prevalence

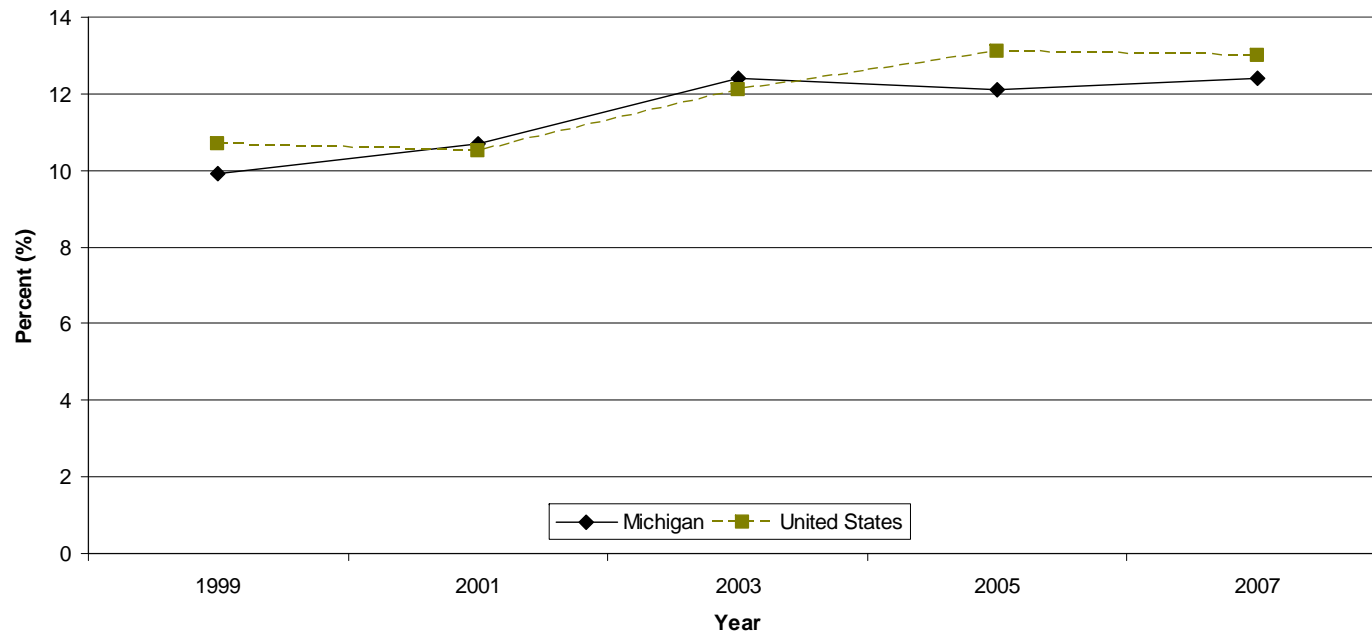
Shiawassee: 58.3%

Washtenaw: 58.7%

Oakland: 58.8%

Obesity in Michigan-Youth

**Prevalence of obese youth, grades 9-12,
Michigan, 1999-2007**

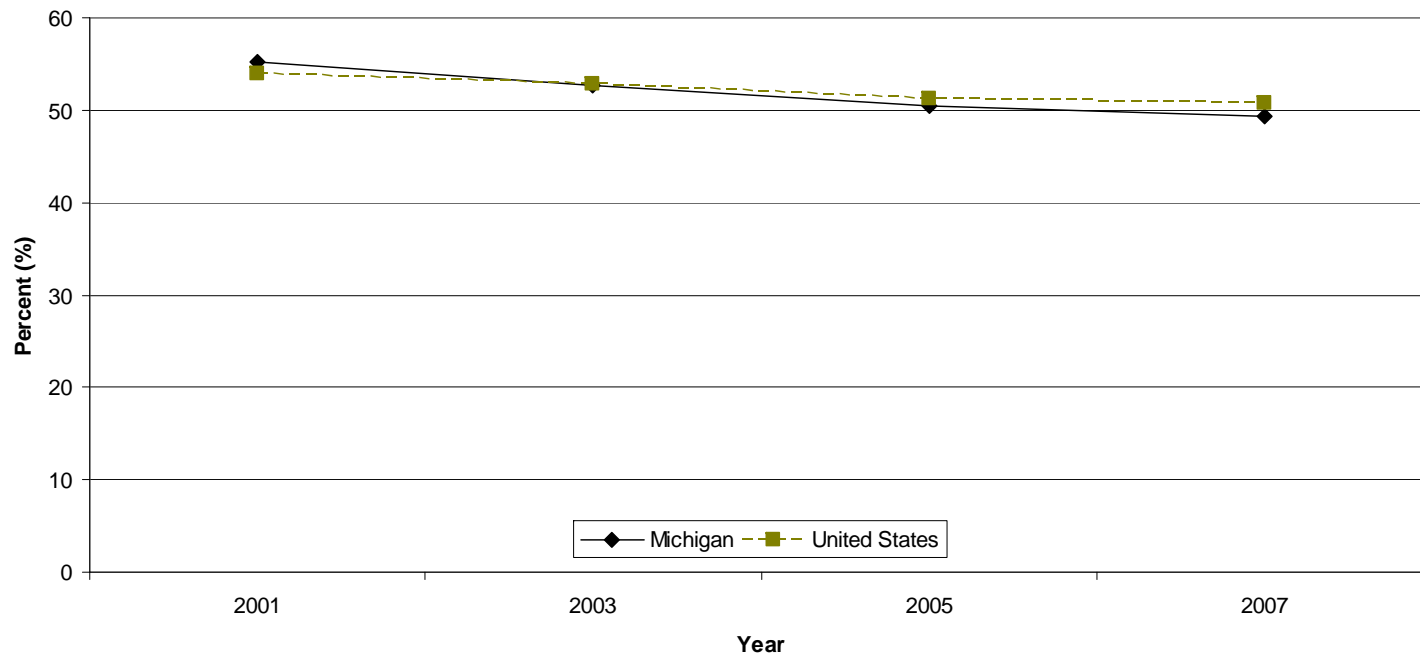


2007	Overweight (%)
Michigan	12.4
United States	13.0

Source: Michigan and CDC YRBS

Physical Inactivity in Michigan

Prevalence of inadequate physically active adults, 18 and over, Michigan and United States, 2001-2007

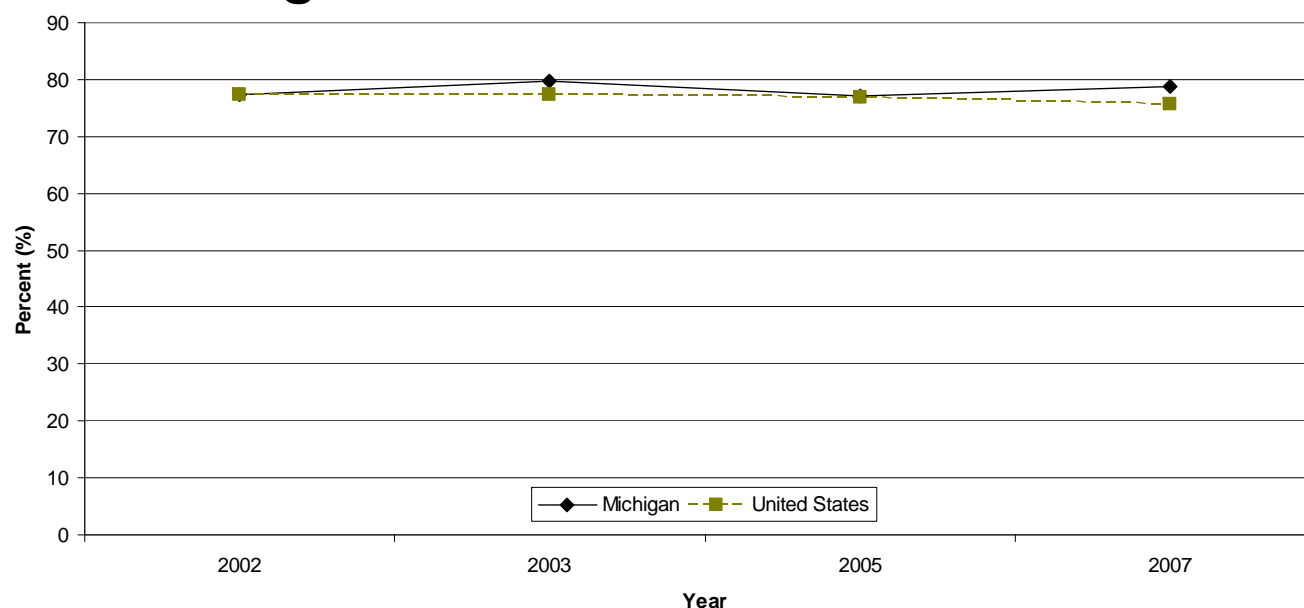


2007	Inadequate physical activity (%)
Michigan	49.4
United States	50.8

Source: Michigan BRFS and CDC BRFSS

Nutrition in Michigan

Prevalence of adults, 18 and over, who consumed fewer than five servings of fruits and vegetables in a day, Michigan and United States, 2002-2007

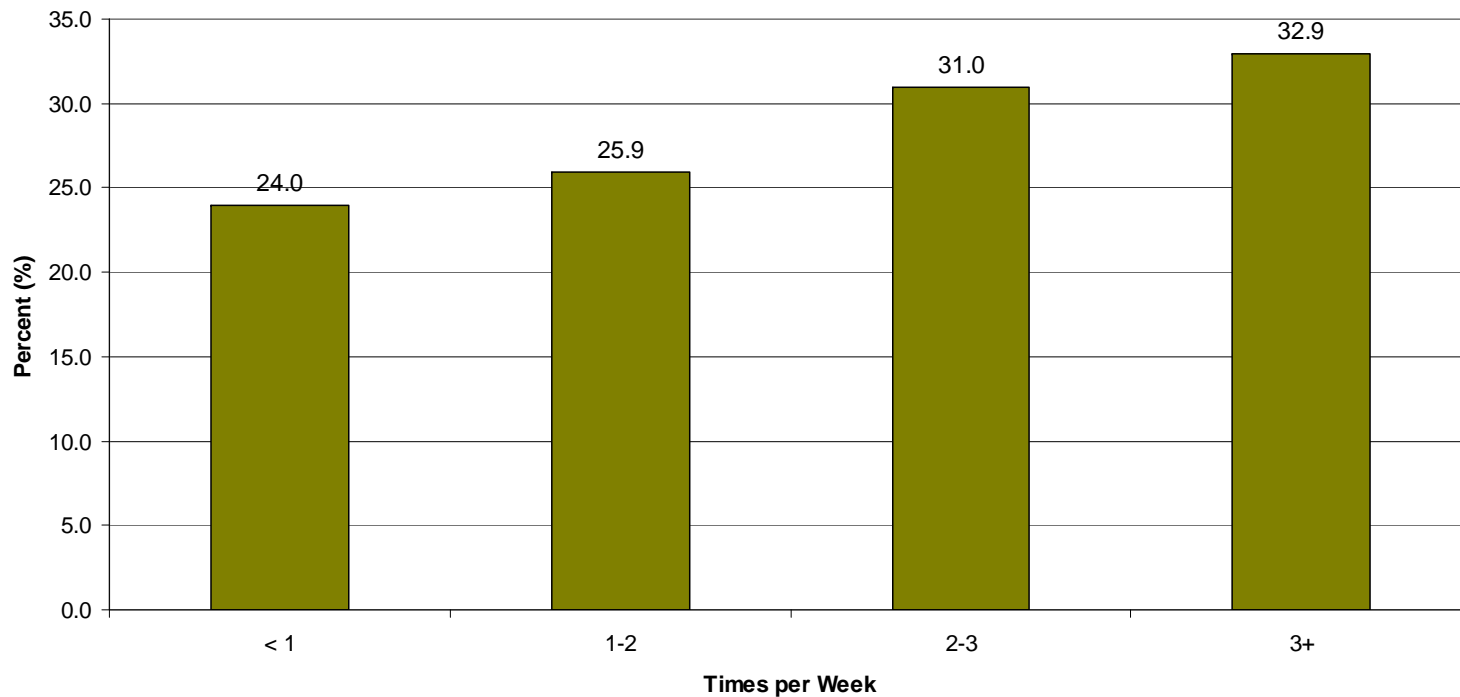


2007	Fewer than 5 fruits and vegetables (%)
Michigan	78.7
United States	75.7

Source: Michigan BRFS and CDC BRFSS

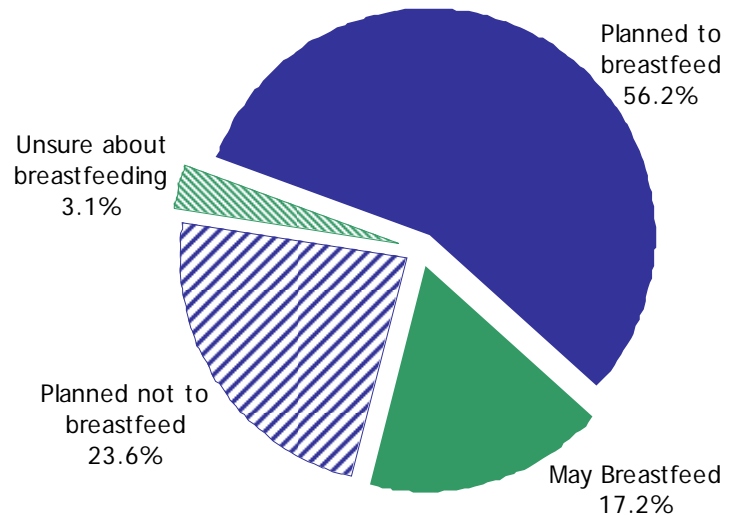
Fast Food Consumption

Prevalence of obesity by frequency of fast food consumption among adults, 18 and over, Michigan, 2005

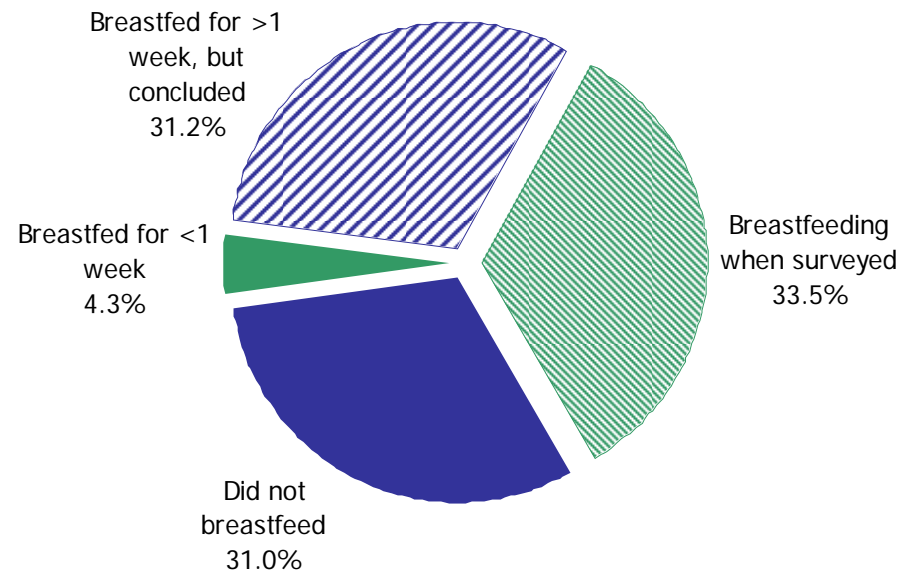


Breastfeeding Behavior

Prevalence of women that planned to breastfeed



Prevalence of breastfeeding behavior



Discussion Questions

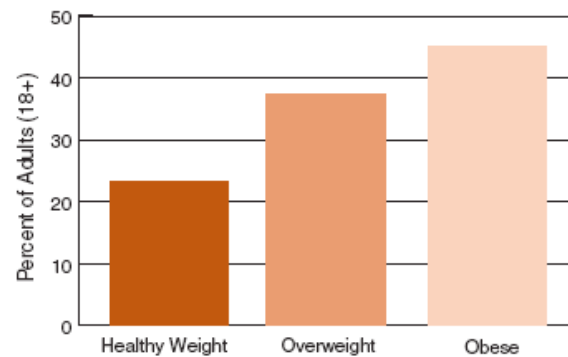
- ❑ What topics would you like to see in Michigan's Obesity Burden report?
- ❑ Are there any data sources that were not mentioned in this presentation that might be helpful?
- ❑ Before the burden report comes out is there any interest in short fact sheets or briefs on specific topics?

Other State Reports

- ▣ Topics covered
 - Overweight/obesity
 - Nutrition
 - Physical activity
 - Breastfeeding
 - Health complications and mortality

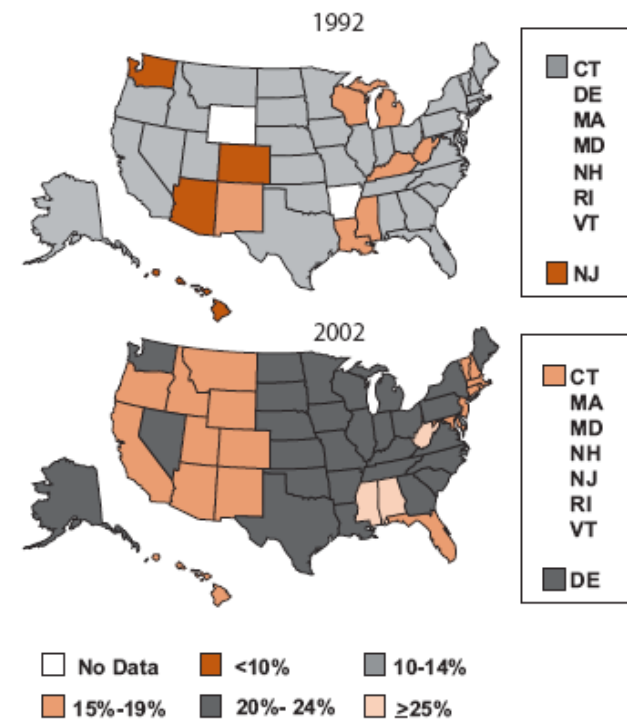
Other State Reports

Figure 10. Coloradans Ever Told They Have High Cholesterol by BMI-Based Weight Group*, 2003 Colorado BRFSS



*Healthy Weight=BMI 18.5-24.9; Overweight=BMI 25.0-29.9; Obese=BMI 30.0+

Figure 1. Prevalence of Obesity* Among U.S. Adults, 1992 and 2002 BRFSS



*BMI >30 lbs Overweight for 5'4" Person.
Source: Centers for Disease Control and Prevention,
Behavioral Risk Factor Surveillance System.

Discussion Questions

- ❑ What topics would you like to see in Michigan's Obesity Burden report?
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BRFS Statistical Briefs

Statistical Briefs:

- Fast Food Consumption
- Physical Activity
- Obesity
- Michigan PRAMS

- www.michigan.gov/brfs

INAUGURAL ISSUE

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Trends in Obesity (continued)

The proportion of Michigan adults who are obese appears to be increasing again. After several years of holding at approximately 25% (2001-2004), the prevalence of obesity has significantly increased from 25.5% (24.0-26.9) in 2004 to 28.7% in 2006 (Figure 1). The prevalence of overweight has remained fairly consistent over this time period.

Obesity is more prevalent in Michigan than in most other states. The annual Michigan prevalence has been consistently higher than the median of states and territories participating in the BRFSS (Figure 2). With the exception of just one year (1996), the lower limit of Michigan's 95% confidence interval was above the median.

Although obesity has been increasing in almost all demographic subgroups in Michigan, there are clear and consistent patterns by demographics. The prevalence of obesity tends to increase with age (in 2006 from 15.5% of 18-24-year-olds to 35.1% of those aged 55-64) and then to decrease. Obesity is less prevalent among those with a college degree compared with those with a high school diploma or some college (in 2006 23.8% vs. 32.4% and 29.4%, respectively).

There is notable disparity in the prevalence of obesity by the four major sex-race groups in Michigan (Figure 3). Black women have consistently had the highest prevalence, generally followed by black males, white males, and white females. The absolute increase in prevalence since 1990 has also been higher among blacks compared with whites; black men showed an increase of approximately 26 percentage points and black women 21, while white men increased by 14 percentage points and white women by 12. Across time, the prevalence of obesity has for the most part been similar among white men and women, however, in 2006 the prevalence among white men was significantly higher than among white women (29.2% vs. 24.4%, $p < .01$).

References

- ¹Flegal KM, et al. Prevalence and trends in obesity among US Adults, 1999-2000. *JAMA* 2000;288:1723-27.
- ²Ogden CL, et al. Prevalence of overweight and obesity in the United States, 1999-2004. *JAMA* 2006;295:1549-55.
- ³Peters A, et al. Obesity in adulthood and its consequences for life expectancy: a life-table analysis. *Ann Intern Med* 2003;138:24-32.
- ⁴Field AE, et al. Impact of overweight on the risk of developing common chronic diseases during a 10-year period. *Arch Intern Med*. 2001;161:1581-86.

The Michigan Behavioral Risk Factor Surveillance System (BRFSS)

The Michigan BRFSS comprises annual, statewide telephone surveys of Michigan adults aged 18 years and older and is part of the national BRFSS coordinated by the CDC. The annual Michigan Behavioral Risk Factor Surveys (BRFS) follow the CDC BRFSS protocol and use the standardized English core questionnaire that focuses on various behaviors, medical conditions, and preventive health care practices related to the leading causes of mortality, morbidity, and injury. Interviews are conducted across each calendar year. Data are weighted to adjust for the probabilities of selection and a poststratification weighting factor that adjusts for the sex, age, and race distribution of the adult Michigan population. All analyses are performed using SUDAAN to account for the complex sampling design.

Suggested citation: Rafferty A, Garcia E, Lyon-Callo S, Grigorescu V. Inaugural issue. *Michigan BRFSS Surveillance Brief*. Vol. 1, No. 1. Lansing, MI: Michigan Department of Community Health, Chronic Disease Epidemiology Section, August 2007.

Michigan Department
of Community Health
MDCH
Jennifer M. Greenhouse, Governor
Janet Olszewski, Director

Figure 1. Prevalence of Overweight and Obesity Among Michigan Adults, 1990-2006

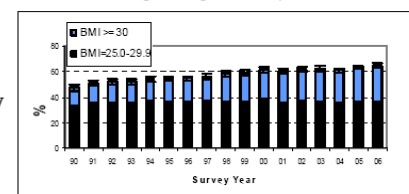


Figure 2. Prevalence of Obesity, Michigan Compared with US Median, 1990-2006

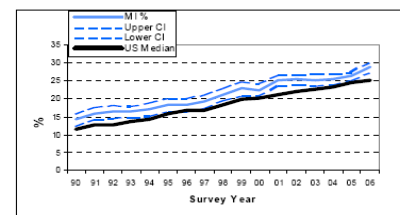
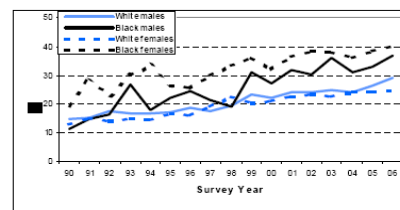


Figure 3. Prevalence of Obesity by Sex-Race Groups, 1990-2006



Questions?

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Healthy Weight Partnership Advisory Meeting

23 September 2008

Building Our Strategic Partnership

Monique Boivin, MPH
Public Health Consultant

Nutrition, Physical Activity and Obesity Prevention Program

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What is the most important thing we hope to achieve as the Healthy Weight Partnership?

**Facilitate Effective Collaboration
To Halt and Reverse the Obesity
Epidemic in Michigan**



Michigan Healthy Weight Partnership



Outline

- Introduction
- Background
- Healthy Weight Partnership Survey Results
- Feedback on the Survey Results
- Strategic Planning Discussion: Building a Diverse Partnership
- Partnership Plan



Michigan Healthy Weight Partnership



Introduction

- Purpose of the Healthy Weight Partnership
- Purpose of this Session



Michigan Healthy Weight Partnership



Purpose of the Healthy Weight Partnership

- The purpose of the Healthy Weight Partnership is to facilitate effective collaboration between partners to halt and reverse the obesity epidemic in Michigan.



Michigan Healthy Weight Partnership



Purpose of This Session

- To review the results of the Healthy Weight Partnership Survey
- To assess the effectiveness of the Healthy Weight Partnership and identify steps for building a stronger, more diverse, and more effective partnership.



Michigan Healthy Weight Partnership



Background

- History of the Healthy Weight Partnership
- Use of the Healthy Weight Partnership Self-Assessment Survey



Michigan Healthy Weight Partnership



History of the Healthy Weight Partnership

Two Meetings Were Conducted Previously:

- September 2006
- November 2007



Michigan Healthy Weight Partnership



Healthy Weight Partnership Self-Assessment Survey

- Tool Used: Partnership Self-assessment Tool
- Purpose: To assess the effectiveness of the Healthy Weight Partnership and identify areas for improvement
- Conducted: January 2-30, 2008
- Respondents: 14
- Response Rate: Unknown



Michigan Healthy Weight Partnership



Interpretation of Scores

- **4.6-5.0 Target Zone**

- The partnership currently excels in this area and needs to focus attention on maintaining its high score

- **3.0-4.5 Work Zone**

- More effort is needed in this area to maximize the partnership's collaborative potential

- **1.0-2.9 Danger Zone**

- This area needs a lot of improvement



Michigan Healthy Weight Partnership



History of the Healthy Weight Partnership

- During the first two years of the partnership, contact as an overall group was largely limited to the annual HWP meetings



Michigan Healthy Weight Partnership



New Phase of the Healthy Weight Partnership

- This meeting marks the beginning of a new phase of the partnership with more state funding allocated to coordinating the state-wide response to the obesity epidemic, more staff, and the capacity to facilitate more frequent contact and to offer resources and trainings to partners



Michigan Healthy Weight Partnership



Healthy Weight Partnership Survey

As we review the results of the survey please keep in mind any:

- Questions that were not asked in the survey that you feel should have been asked
- Ideas for how we can build a stronger, more diverse, and more effective partnership

Your input will be critical in the conversation that follows

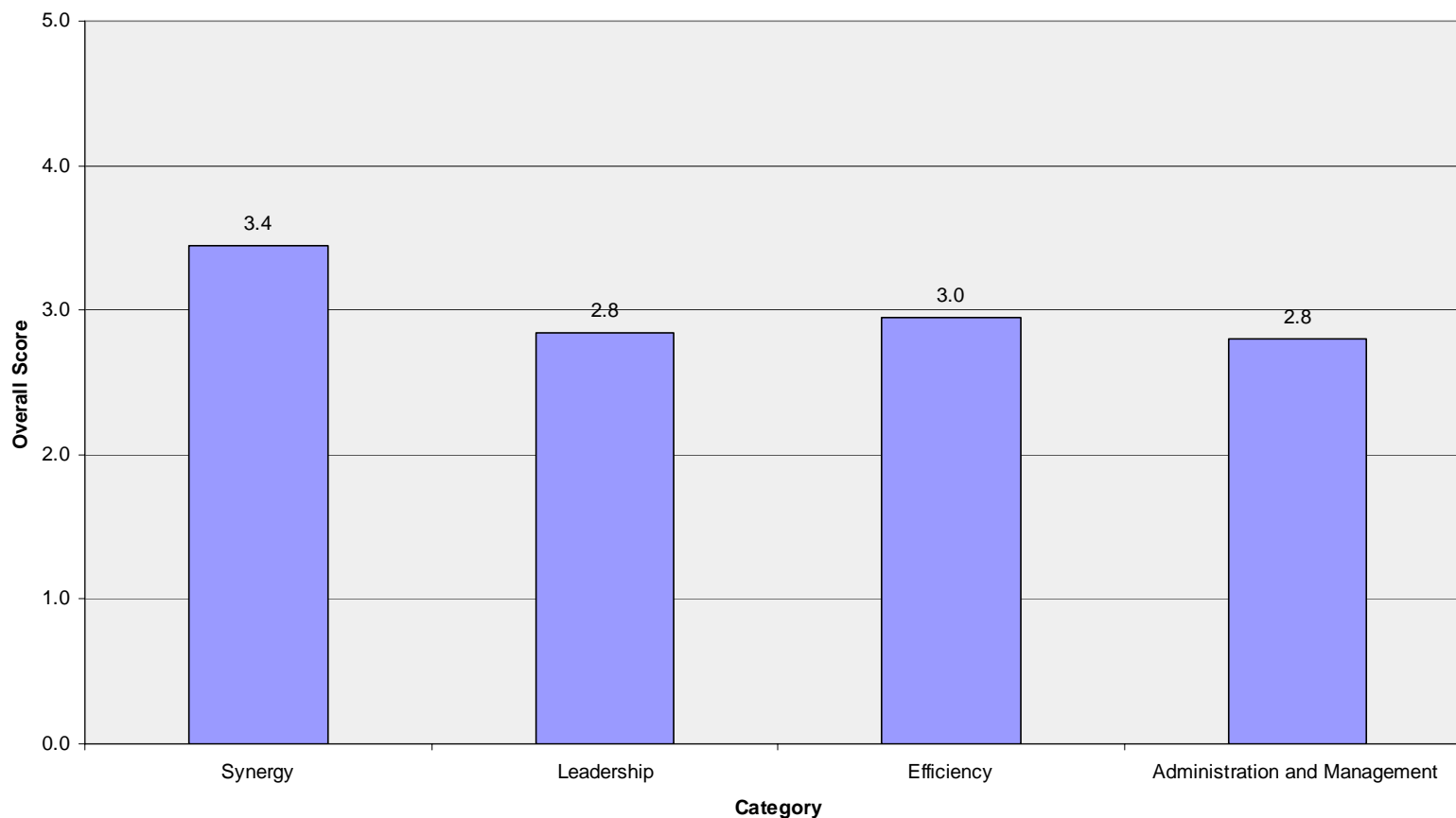


Michigan Healthy Weight Partnership



Healthy Weight Partnership Survey Results: January 2008

Overall Scores in Each Category, Part 1

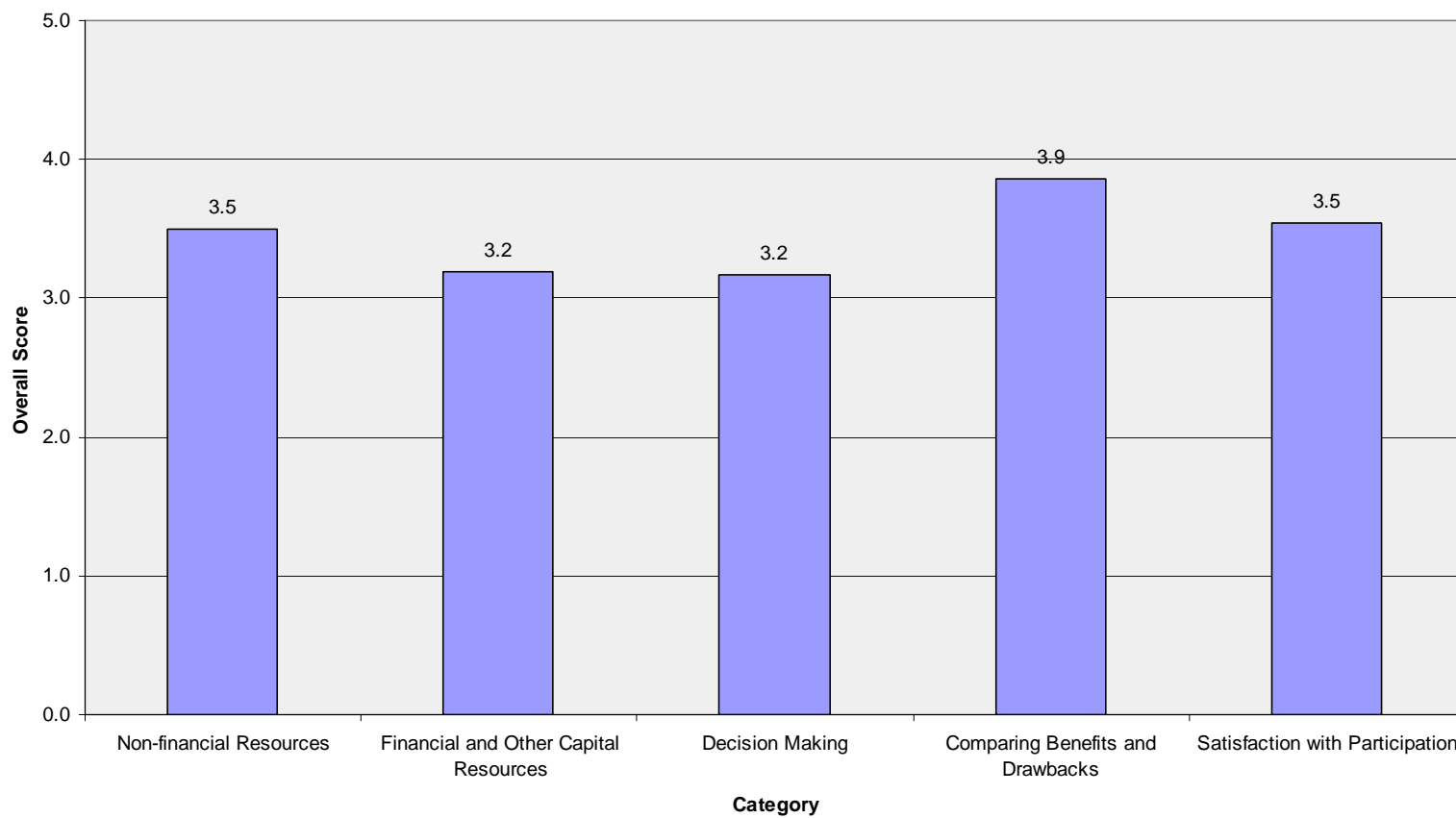


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Healthy Weight Partnership Survey Results: January 2008

Overall Scores in Each Category, Part 2



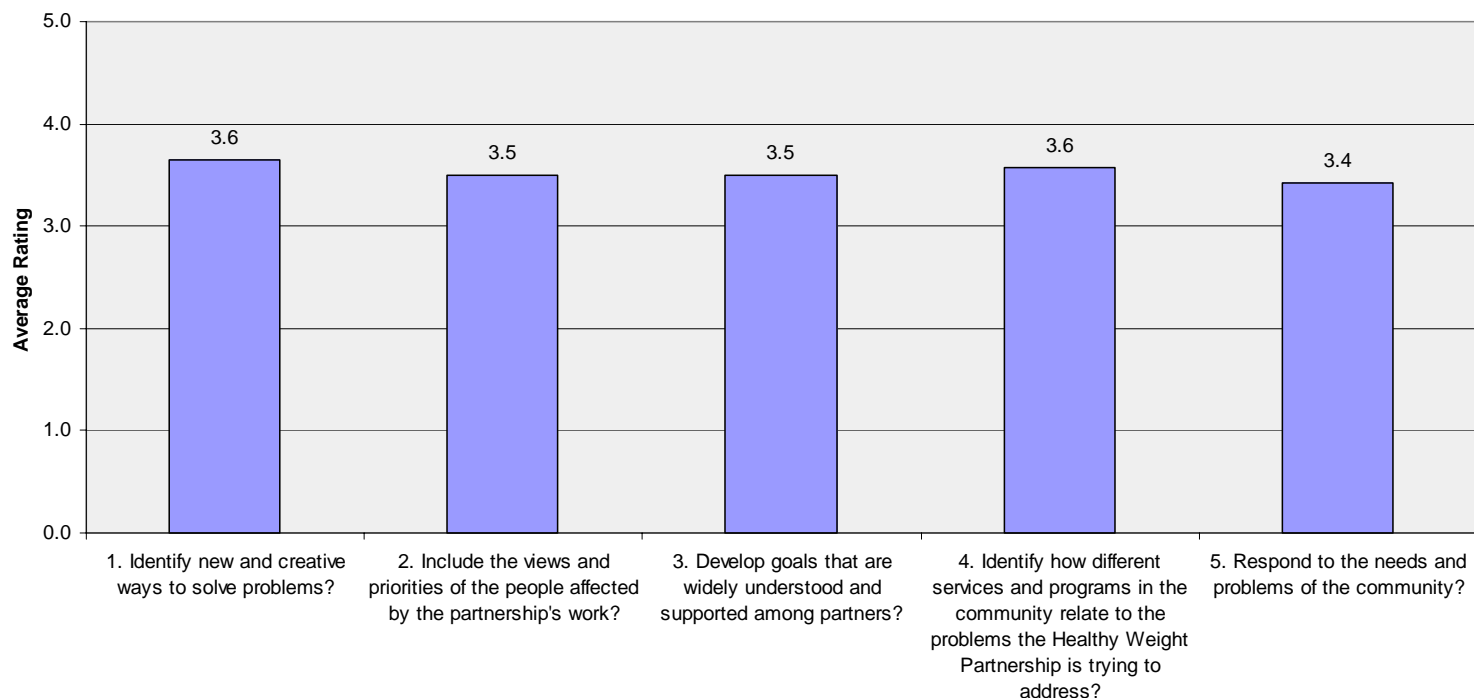
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Healthy Weight Partnership Survey Results: January 2008

Synergy, Part 1

Please think about the people and organizations that are participants in the Healthy Weight Partnership. By working together, how well are partners able to:



Questions



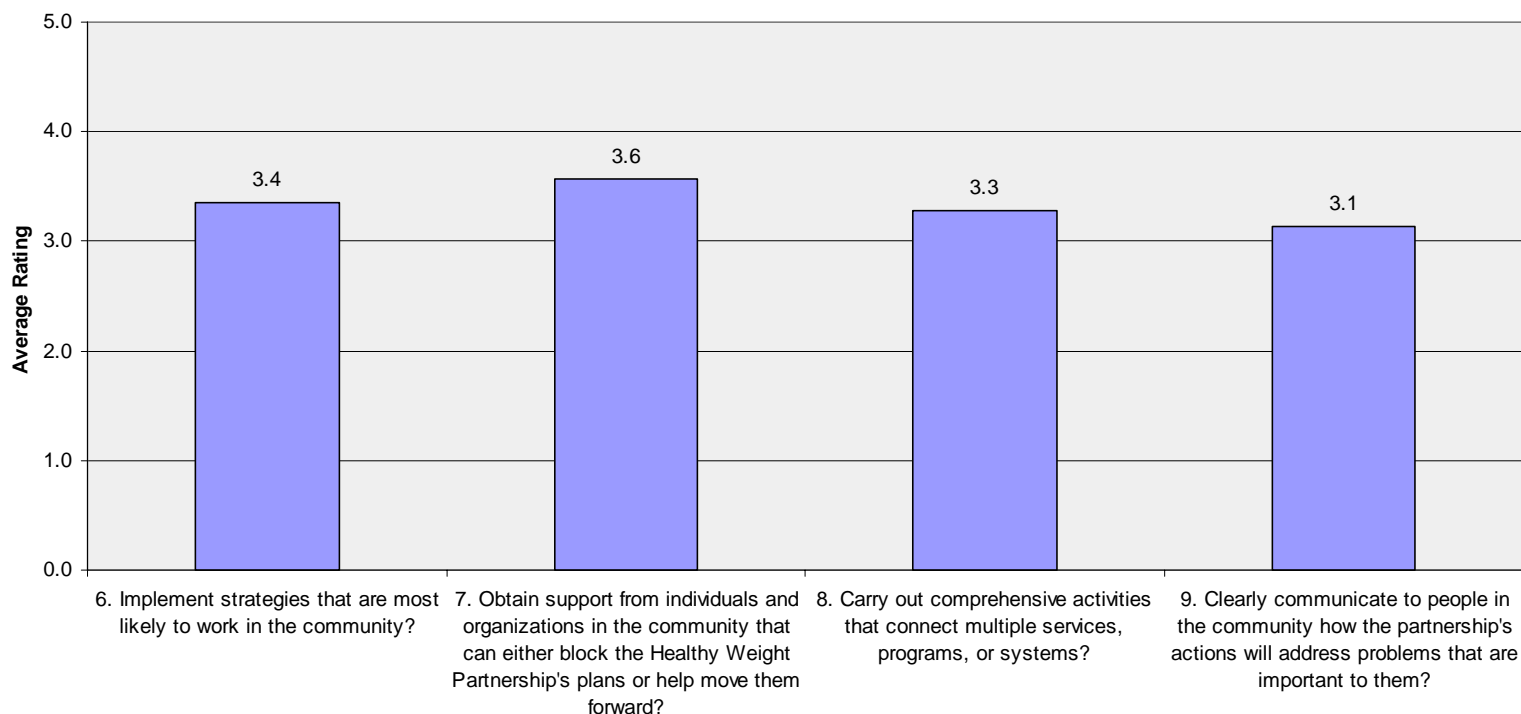
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Healthy Weight Partnership Survey Results: January 2008

Synergy, Part 2

Please think about the people and organizations that are participants in the Healthy Weight Partnership. By working together, how well are partners able to:



Questions



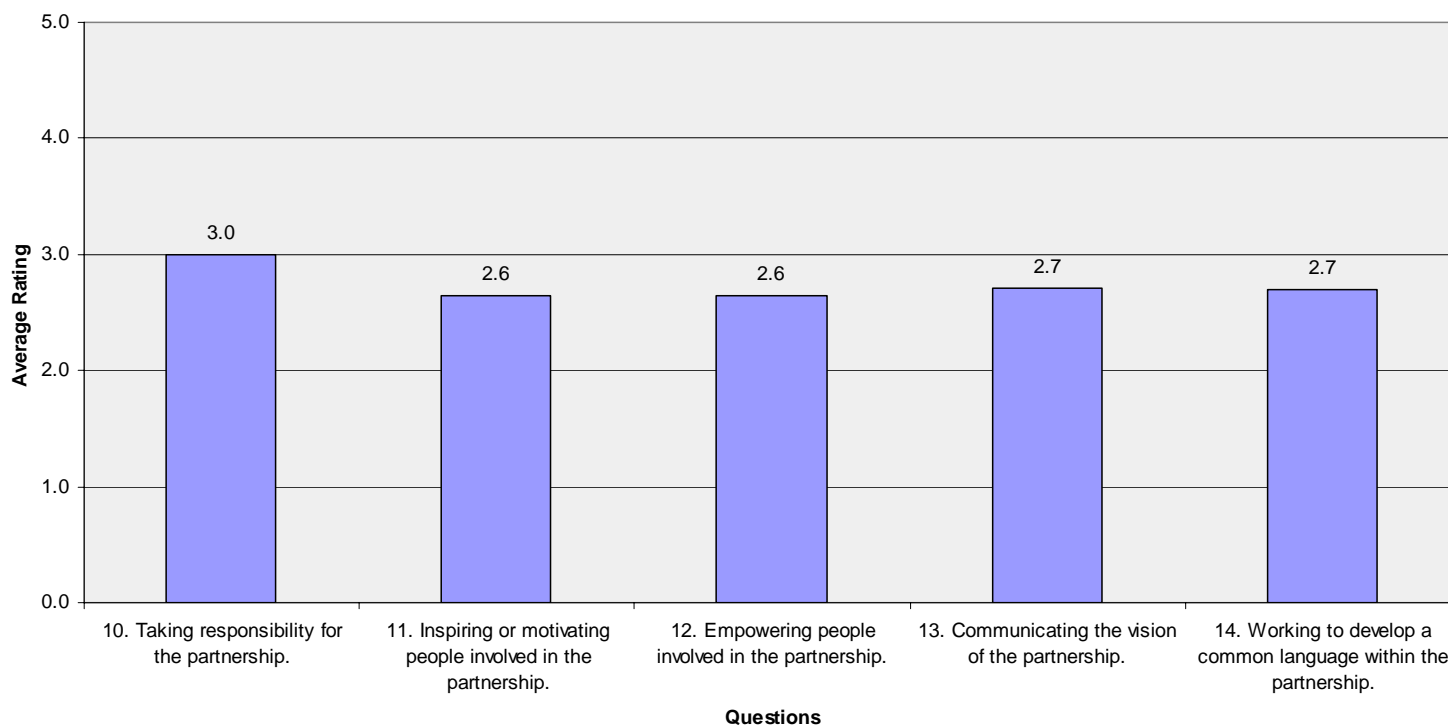
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Healthy Weight Partnership Survey Results: January 2008

Leadership, Part 1

Please think about all of the people who provide either formal or informal leadership in this partnership. Please rate the total effectiveness of your partnership's leadership in each of the following areas:



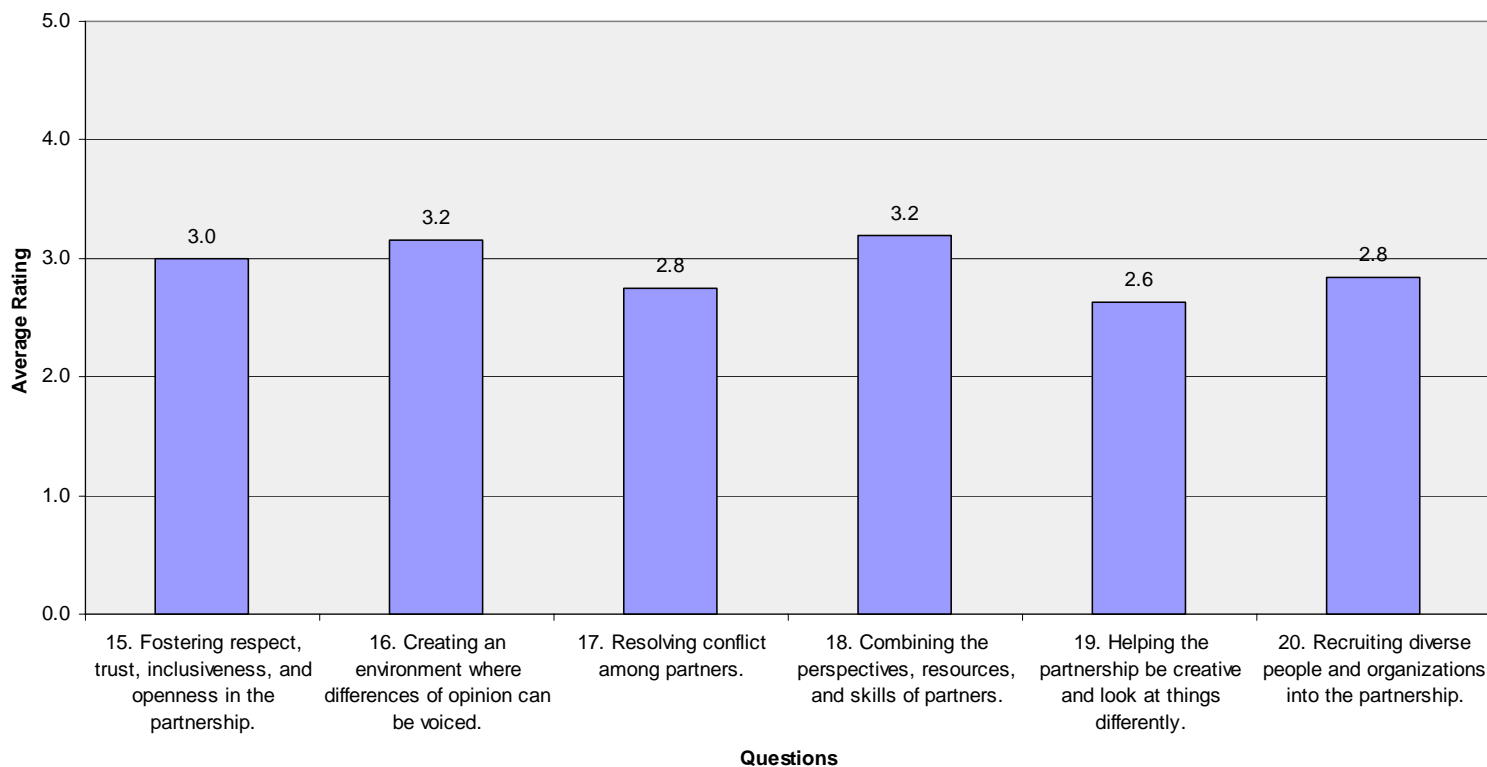
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Healthy Weight Partnership Survey Results: January 2008

Leadership, Part 2

Please rate the total effectiveness of the Healthy Weight Partnership's leadership in the following areas:



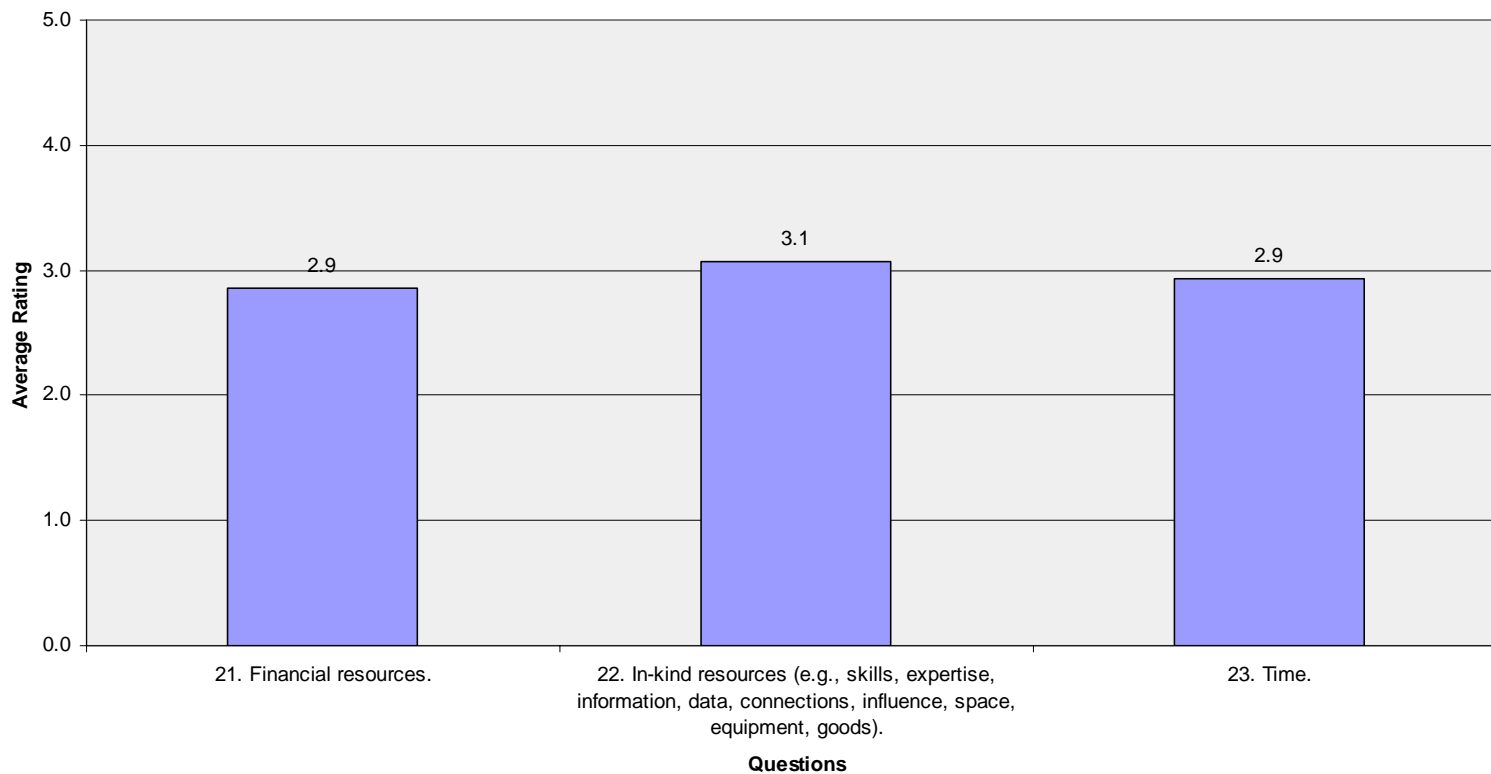
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Healthy Weight Partnership Survey Results: January 2008

Efficiency

Please choose the statement that best describes how well the Healthy Weight Partnership uses the partners:



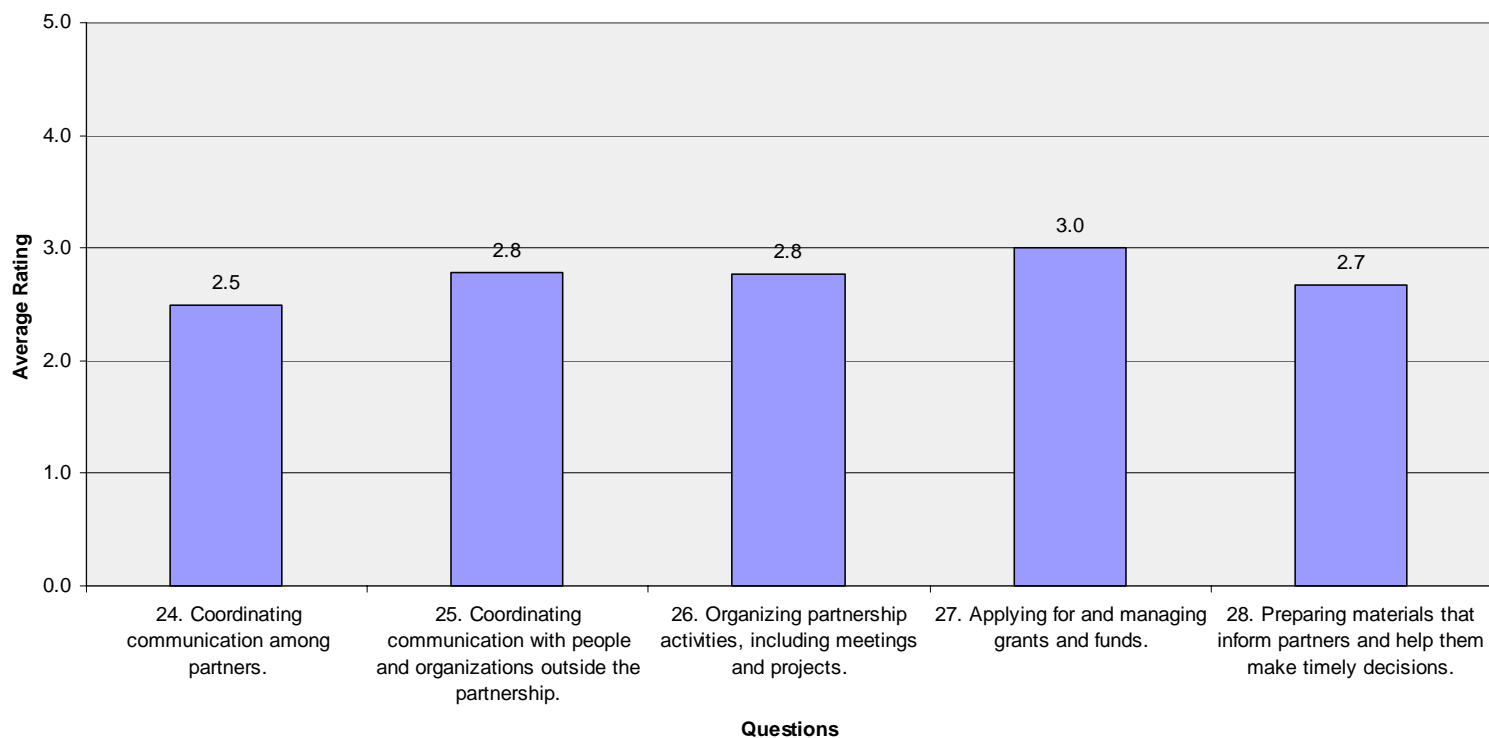
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Healthy Weight Partnership Survey Results: January 2008

Administration and Management, Part 1

We would like you to think about the administrative and management activities in the Healthy Weight Partnership. Please rate the effectiveness of the partnership in carrying out each of the following activities:



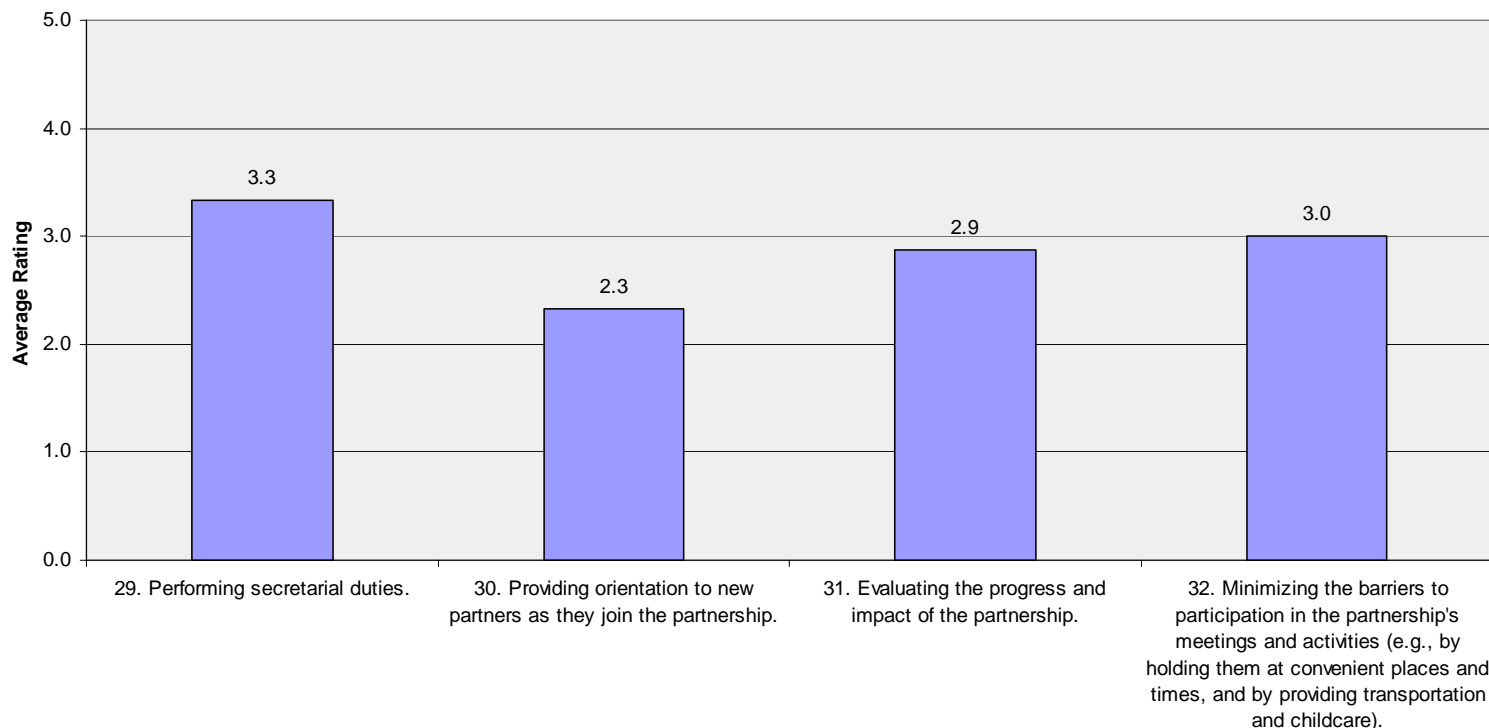
Michigan Healthy Weight Partnership



Healthy Weight Partnership Survey Results: January 2008

Administration and Management, Part 2

Please rate the effectiveness of the Healthy Weight Partnership in the following areas:



Questions



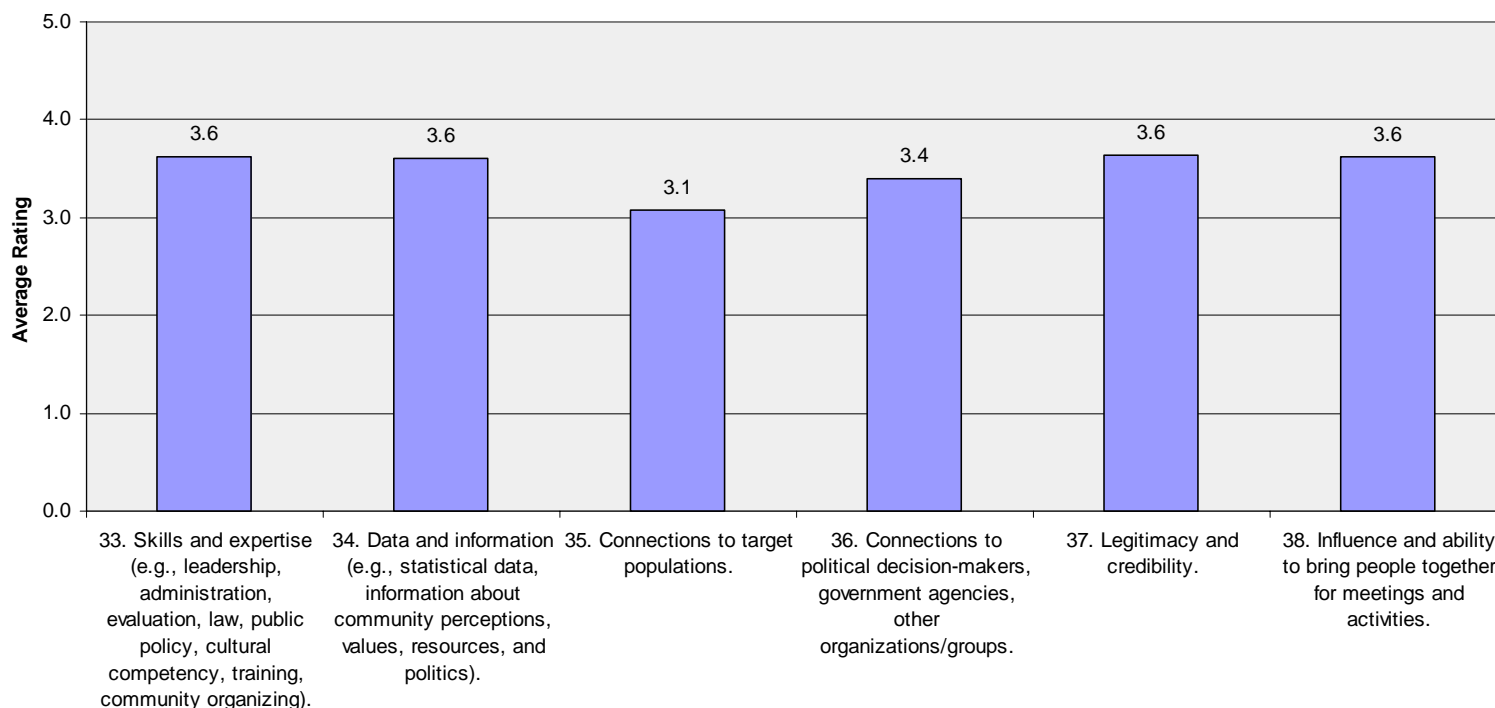
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Healthy Weight Partnership Survey Results: January 2008

Non-financial Resources

A partnership needs non-financial resources in order to work effectively and achieve its goals. For each of the following types of resources, to what extent does the HWP have what it needs to work effectively?



Questions



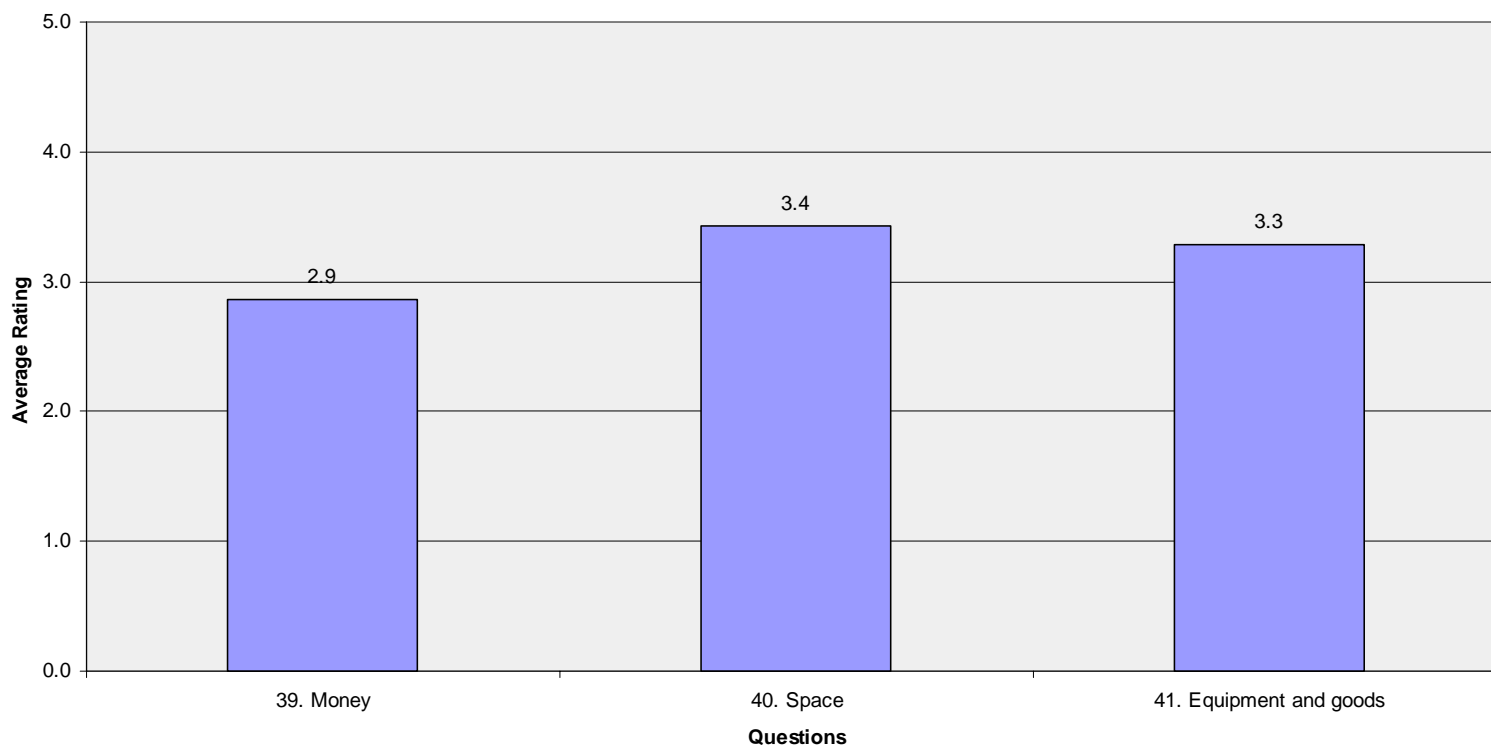
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Healthy Weight Partnership Survey Results: January 2008

Financial and Other Capital Resources

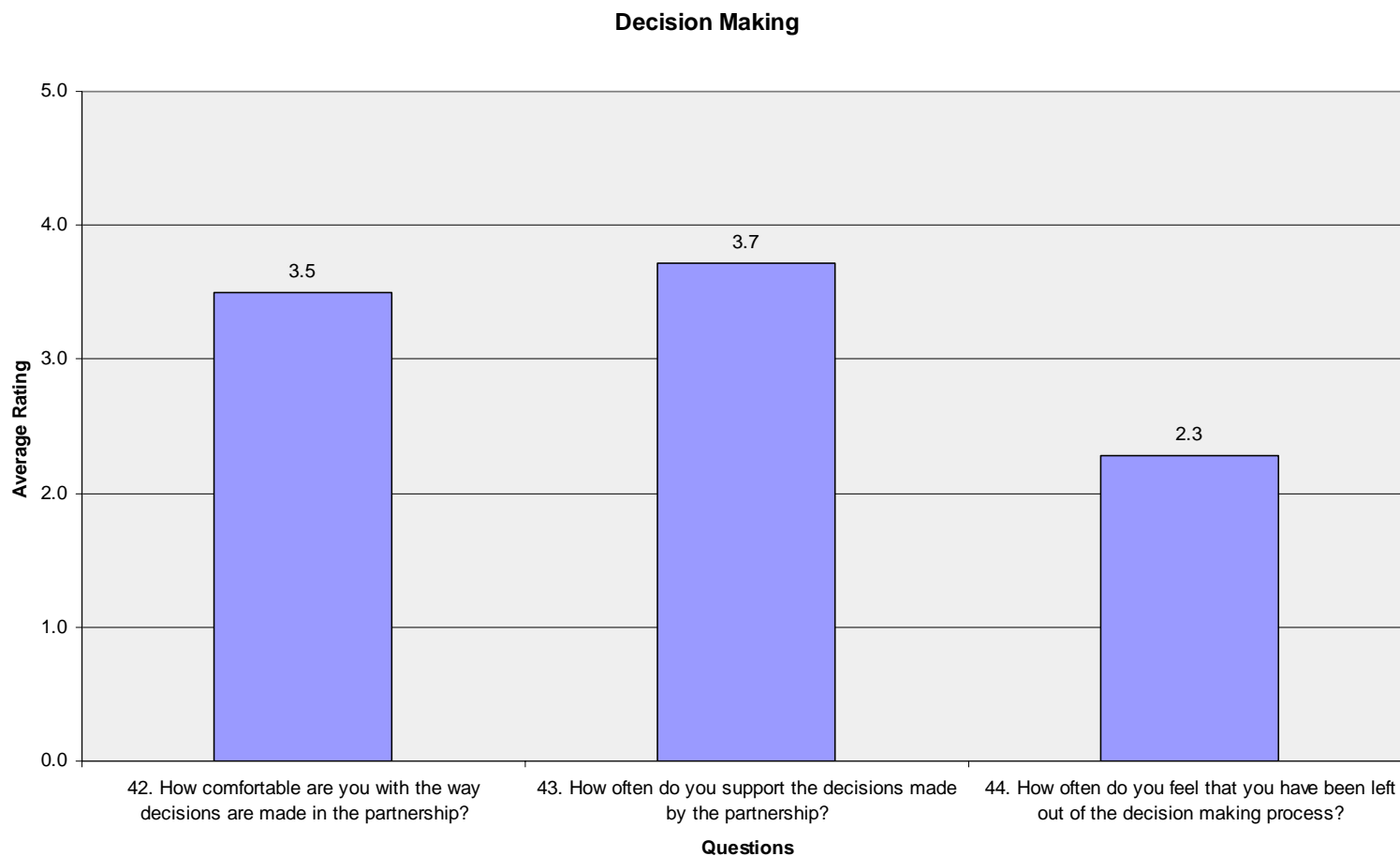
A partnership also needs financial and other capital resources in order to work effectively and achieve its goals. To what extent does the HWP have what it needs to work effectively?



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Healthy Weight Partnership Survey Results: January 2008



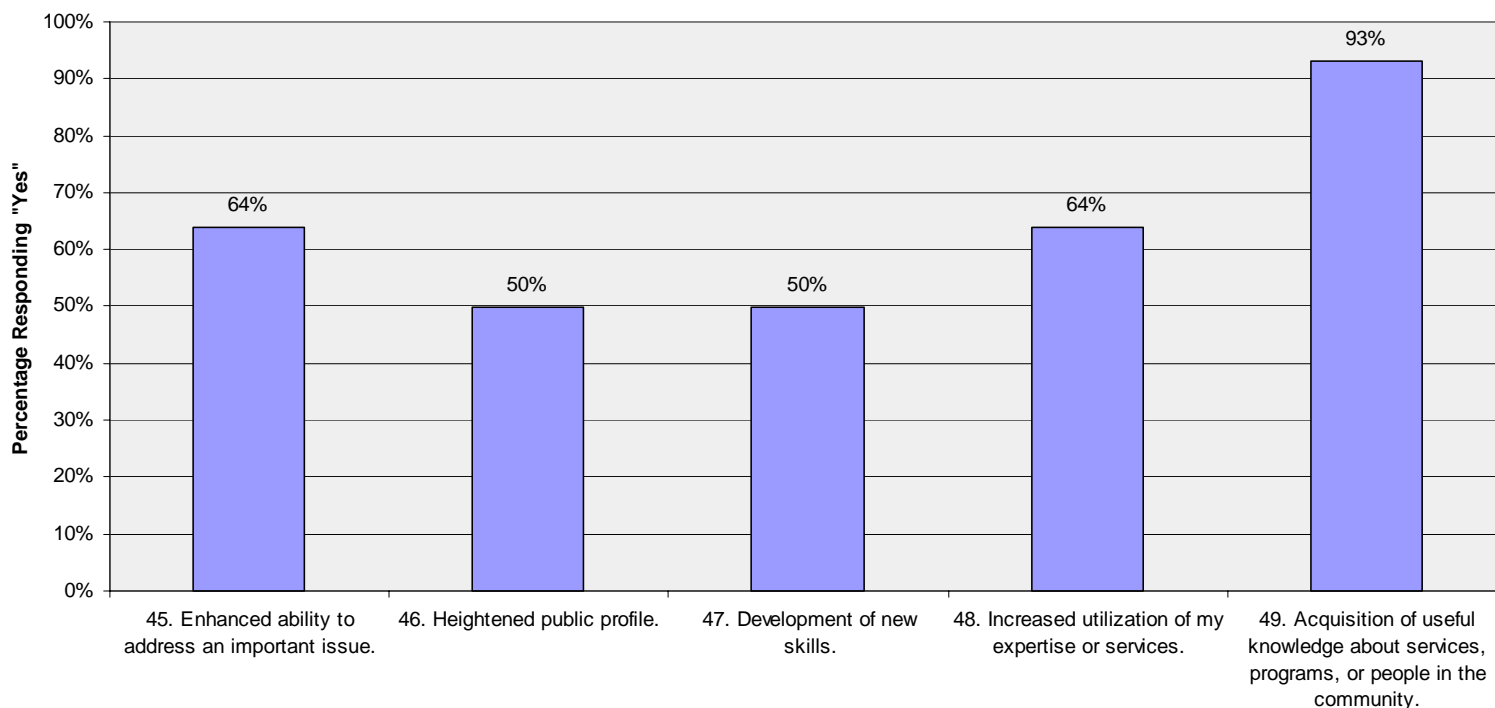
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Healthy Weight Partnership Survey Results: January 2008

Benefits of Participation, Part 1

For each of the following benefits, please indicate whether you have or have not received the benefit as a result of participating in the partnership:



Questions



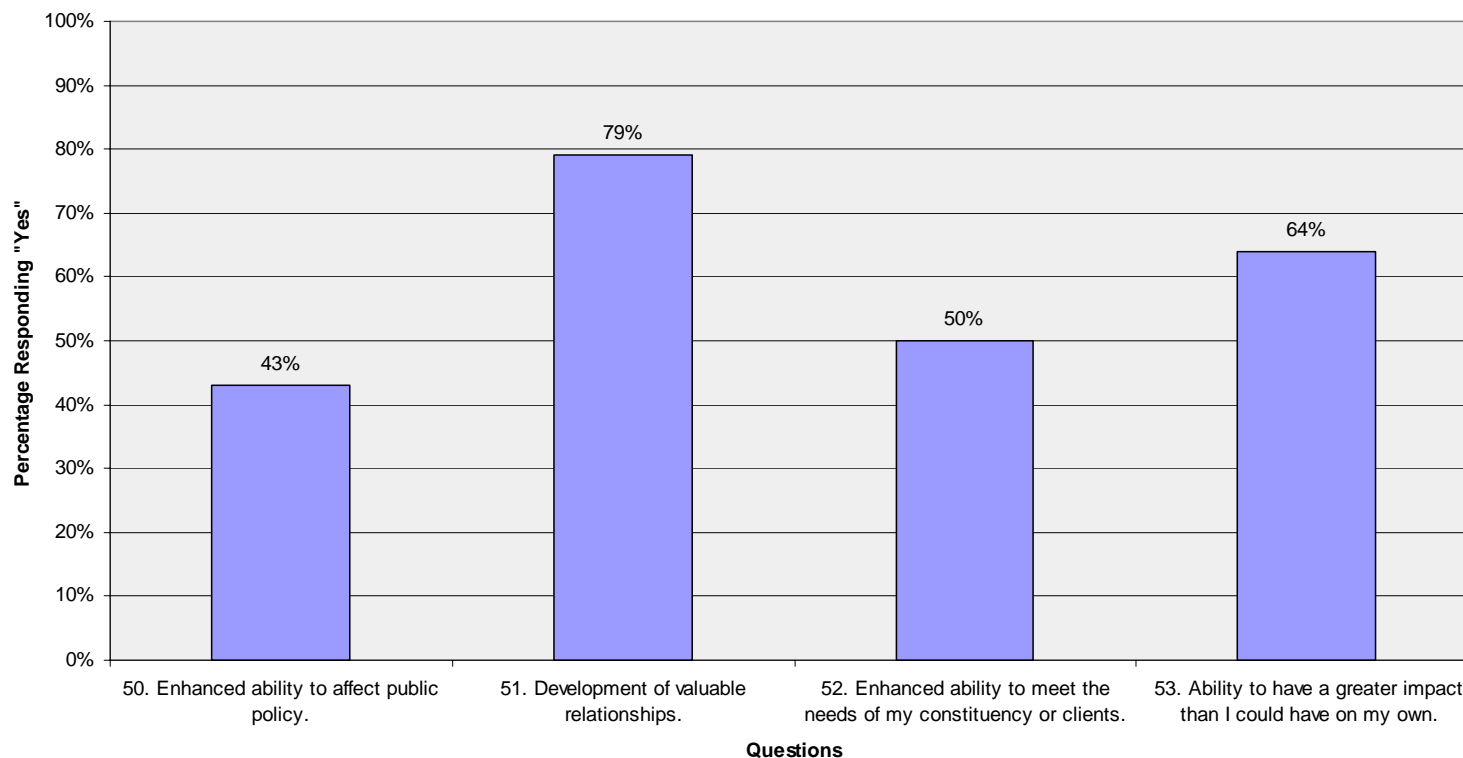
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Healthy Weight Partnership Survey Results: January 2008

Benefits of Participation, Part 2

As a result of your participation in the partnership, have you experienced the following benefits:



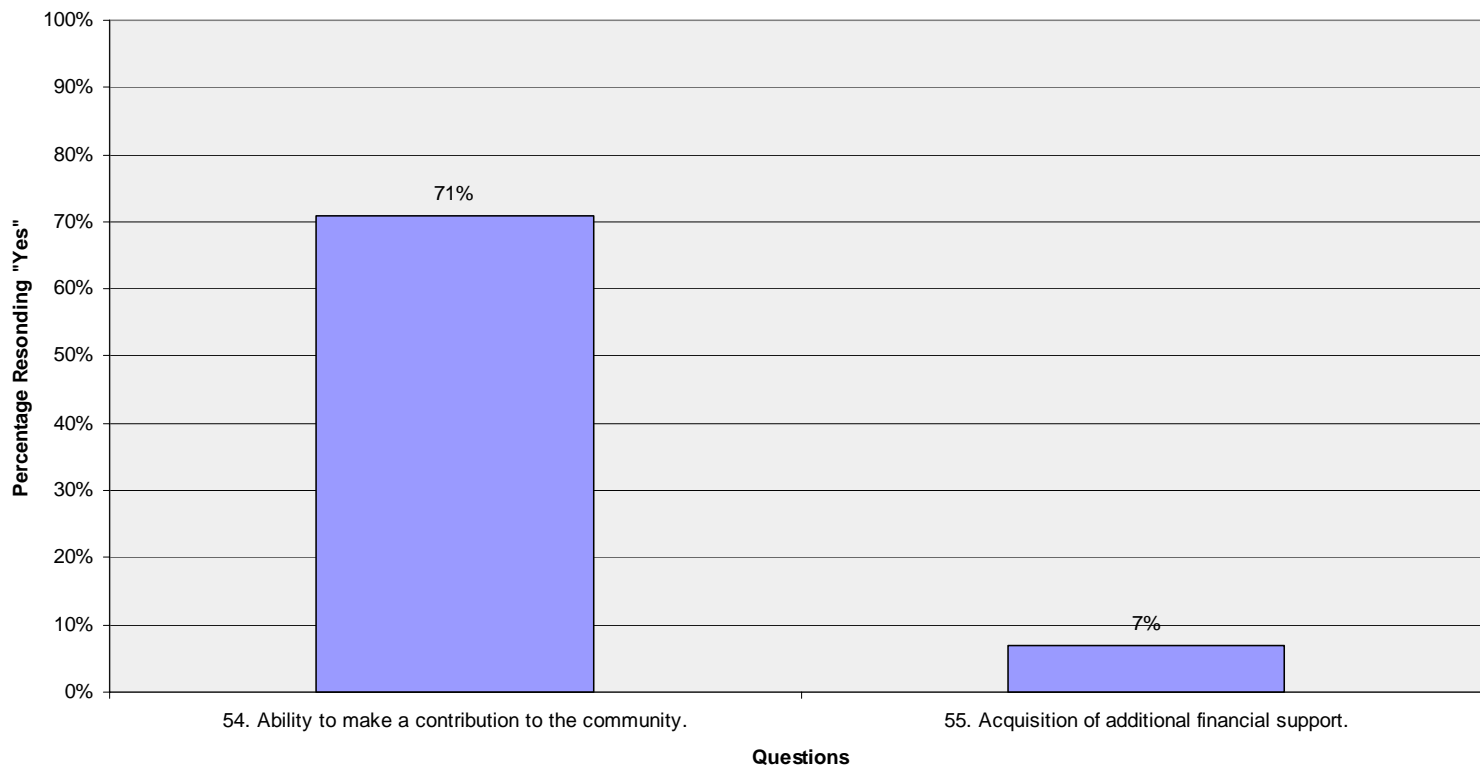
Michigan Healthy Weight Partnership



Healthy Weight Partnership Survey Results: January 2008

Benefits of Participation, Part 3

As a result of your participation in the partnership, have you experienced the following benefits:



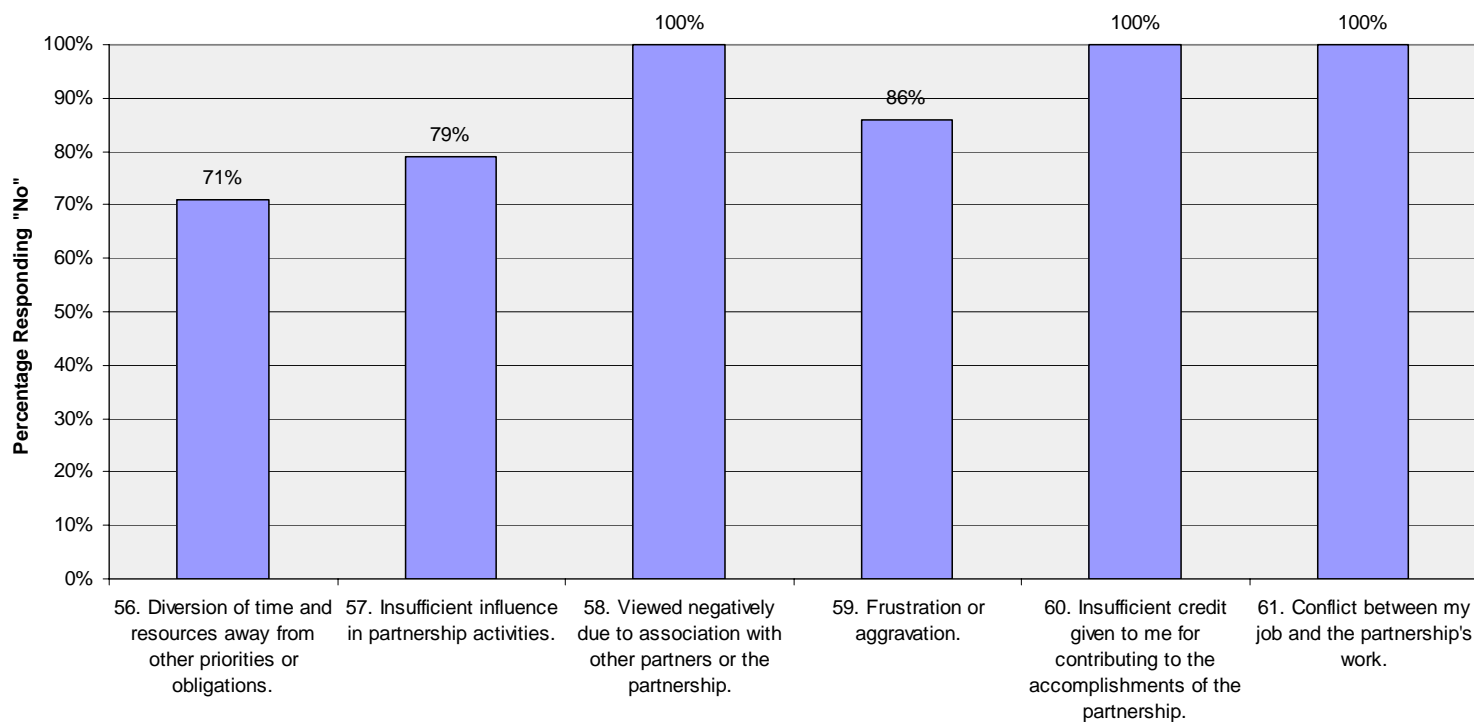
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Healthy Weight Partnership Survey Results: January 2008

Drawbacks of Participation

For each of the following drawbacks, please indicate whether or not you have or have not experienced the drawback as a result of participating in this partnership:



Questions

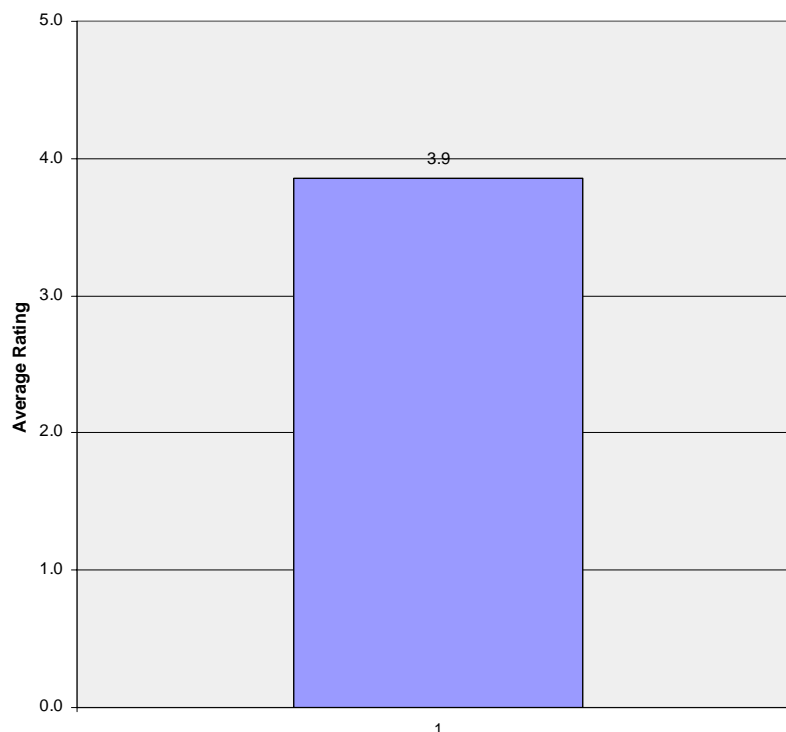


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Healthy Weight Partnership Survey Results: January 2008

Comparing Benefits and Drawbacks



Question: 62. So far, how have the benefits of participating in the partnership compared to the drawbacks?



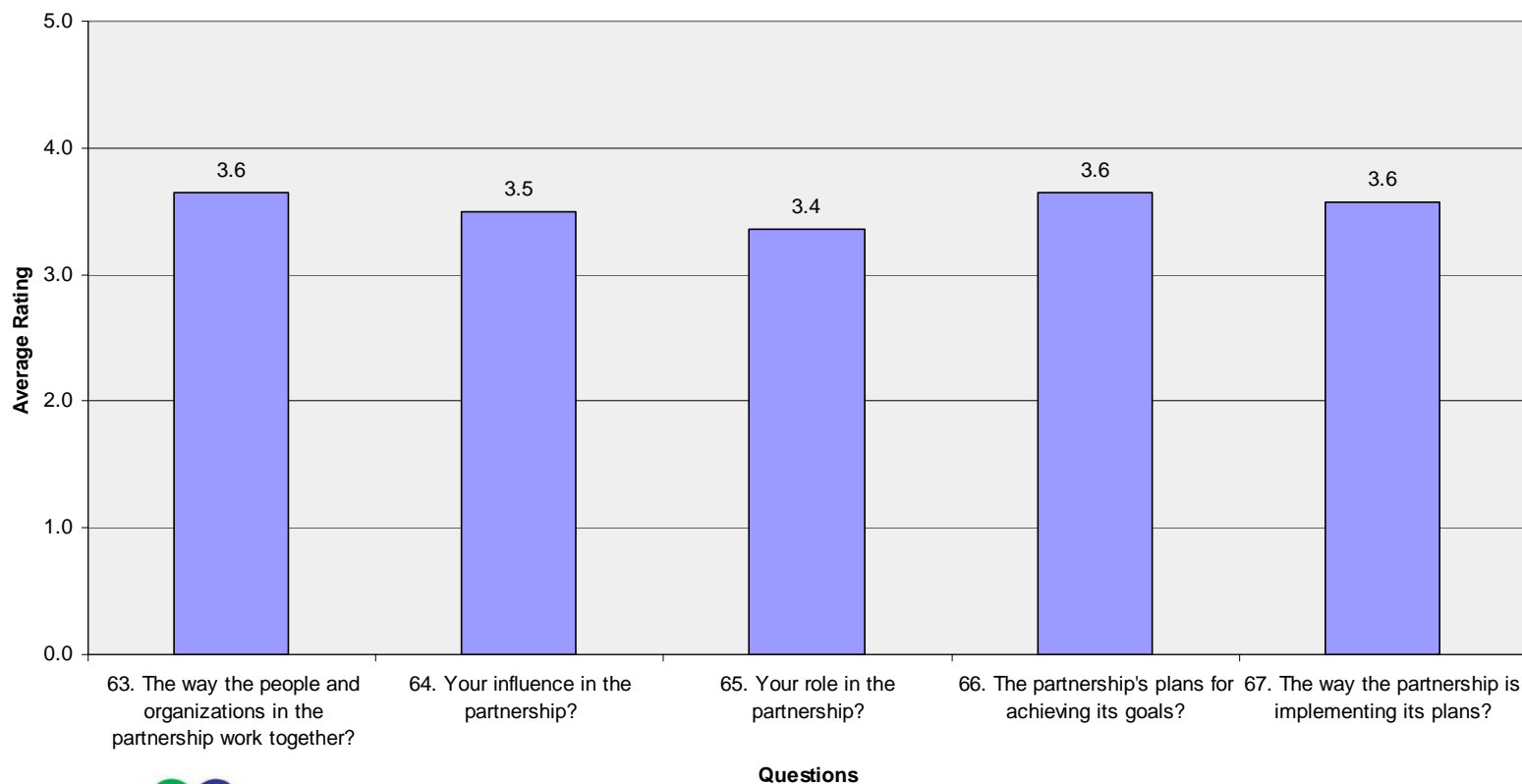
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Healthy Weight Partnership Survey Results: January 2008

Satisfaction with Participation

How satisfied are you with:



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Healthy Weight Partnership Survey Results: January 2008

Open-ended Responses

68. Please write any additional comments, thoughts, or suggestions you have about the Healthy Weight Partnership here.

The Partnership only exists to me in the annual meeting. I don't have a sense of what else its purpose is. I think to call it a "partnership" is a bit of a stretch.

I'm not seeing a lot of implementation of the Plan. Hopefully the NGA grant will move us to implementing specific legislative changes which must be made if we want to create a healthier State.

all questions need a 'don't know' selection as I am not familiar at all with the internal workings of the partnership (new)

I am new to the partnership so my views may not be representative of the members who have been in the partnership for longer. However, I was not provided an orientation to the partnership when I joined. This can be taken as a drawback from my organization



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Outline

- Introduction
- Background
- Healthy Weight Partnership Survey Results
- Feedback on the Survey Results
- Strategic Planning Discussion: Building a Diverse Partnership
- Partnership Plan



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Feedback on the Survey Results

- What do these results tell you?
- What questions were not asked in the survey that you feel should have been asked?
- What other feedback do you have on the effectiveness of the partnership?



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Strategic Planning Discussion: Building a Diverse Partnership

- How can we can build a stronger, more diverse, and more effective partnership?



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Partnership Plan

- What should our next steps be to build a stronger, more diverse, and more effective partnership?



Michigan Healthy Weight Partnership



Report Back

- **Feedback on the Survey Results**

- What do these results tell you?
- What questions were not asked in the survey that you feel should have been asked?
- What other feedback do you have on the effectiveness of the partnership?

- **Strategic Planning Discussion**

- How can we can build a stronger, more diverse, and more effective partnership?

- **Partnership Plan**

- What should our next steps be to build a stronger, more diverse, and more effective partnership?



Michigan Healthy Weight Partnership



Feedback from Group One

- Some partners were not sure whether they had completed the survey.
- Clarify what the partnership is.
- Market the partnership.
- Between annual meetings, conduct conference calls.
- Before each meeting, review what was accomplished in the last meeting for continuity.
- Provide partner updates to aid in understanding who is at the table and what they are doing.
- There is a need for the partnership to provide a cohesive picture of what is happening in Michigan.
- Provide education sessions on conference calls.



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Feedback from Group Two

- Communication has been infrequent and inadequate.
- Differentiation is needed between this and other groups.
- A slogan was suggested to bring this group to the front of people's memories.
- It would be helpful to provide recommendations for core interventions and funding sources.



Michigan Healthy Weight Partnership



Feedback from Group Three

- Infrequent communication has been a problem.
- The possibility of using webinars should be explored.
- Update partners on the outcomes of meetings and specify which ideas are being taken forward.
- It would be helpful for each partner's role to be identified.



Michigan Healthy Weight Partnership



Feedback from Group Four

- A clear definition of the partnership should be provided, with levels of commitment to the partnership specified.
- Methods for continuing contact throughout the year need to be established.
- The Implementation Plan should be a living document that can be updated and added to over time.



Michigan Healthy Weight Partnership



Feedback from Group Five

- The low number of respondents to the survey should be taken into consideration in reviewing the results.
- Attention should be focused on the mission of the partnership and objectives set for the year.
- A leadership team should be formed.
- New members should be actively recruited.
- Regional meetings would help to facilitate more involvement of difficult to reach partners.
- The partnership should offer organizations a clear way in which to integrate their efforts with others' and collaborate rather than setting up parallel systems.
- A workgroup could be formed for each setting.



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New Phase of the Healthy Weight Partnership

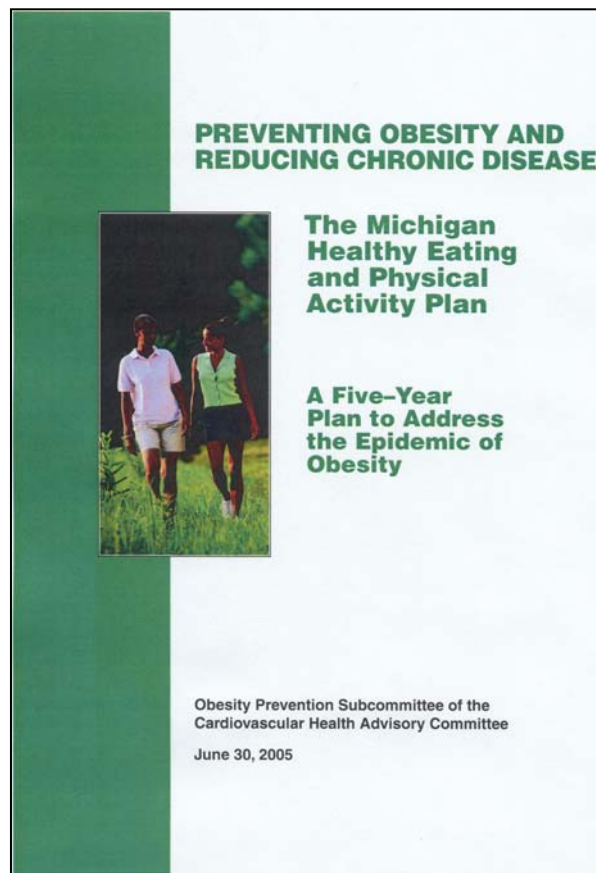
- We will be compiling your feedback and suggestions to determine the next steps that can be taken to build a stronger, more diverse, and more effective partnership



Michigan Healthy Weight Partnership



Guiding Documents



- Current Five-Year Strategic Plan: 2005-2010
- New Strategic Plan to be created in 2009 for 2010-2015
- Needed now: An Implementation Plan for 2008-2009 **(Including the Partnership Plan)**



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New Phase of the Healthy Weight Partnership

- This meeting marks the beginning of a new phase of the partnership with more state funding allocated to coordinating the state-wide response to the obesity epidemic, more staff, and the capacity to facilitate more frequent contact and to offer resources and trainings to partners



Michigan Healthy Weight Partnership



Healthy Weight Partnership Advisory Meeting

**You can Help to
Build and Strengthen a
Diverse Partnership to
Effectively Address
the Urgent Needs of the Obesity
Epidemic in Michigan**



Healthy Weight Partnership Advisory Meeting

2008-2009 Implementation Plan



2008-2009 Implementation Plan

Purpose of this process:

- To understand what partners within the state are doing this year to contribute toward the overall state strategies for addressing the obesity epidemic
- To identify how partners can collaborate in each setting to create a more effective response to the obesity epidemic in Michigan



Michigan Healthy Weight Partnership



Five Stations

- Select your highest priority settings from the 5-Year Strategic Plan:
 1. Community
 2. School
 3. Business
 4. Faith
 5. Healthcare
- You may want to bring your completed *Healthy Weight Partnership Member Profile*



Michigan Healthy Weight Partnership



Guide to Completing the 2008-2009 Implementation Plan

Goal: (A broad statement of what we want to accomplish) Example: Communities take steps to make it easier for citizens to eat better and move more.					
Objective: (A specific, measurable condition that must happen to reach our goal) Example: By 2010, increase by 50 the number of communities that have implemented policy and environmental changes to support increased physical activity and improved healthy eating options through changes in policies, programs, and practices.					
Strategy	Contributing Partners	Partner Activities	Deliverables	Resources	Timeframe
(A plan of action to accomplish our objective) Example: Increase by 25 the number of communities that have taken steps to promote a physically active lifestyle.	(Organizations or people accountable for the work involved in the planning and implementation of the task) Examples: Your / another organization or the Michigan Dept. Of Community Health	(Specific work or projects that must be completed to achieve the objective) Example: Participate in and support community initiatives that have an impact on the built environment	(Tangible products or completed actions that result when the task is completed) Example: Walking trails enhanced in 5 communities in the Upper Peninsula	(Staff, funds, facilities and materials required to complete the task— Information about where the resource is included in this column- <i>Resources can be existing or needed</i>) Example: 40,000 hours of staff time from partner organizations "X" , \$75K from an arts grant to produce trail signs, 60 pairs of snow shoes	(Time required for the activity- beginning of the planning through the completion of the task) Example: Jan 2005 through Dec 2007
Please add any other strategies that you feel should be considered.					

Key:

Black Text	Text lifted directly from the state plan
Red Text	Definition of terms
Green Text	To be completed- your input requested

* Adapted from the Centers for Disease Control and Prevention. 2008. State Nutrition, Physical Activity and Obesity (NPAO) Program Technical Assistance Manual. Appendix B



Michigan Healthy Weight Partnership



2008-2009 Implementation Plan: Reporting Out

For each setting, please select one person to:

- Summarize the information recorded
 - State the setting
 - Read the objective
 - Summarize the work being done by partners under each strategy
- Describe the findings of the group regarding how partners can collaborate in this setting to create a more effective response to the obesity epidemic



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Healthy Weight Partnership Advisory Meeting

Closing Remarks and Next Steps

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Program Manager**

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Imesg@michigan.gov



Next Steps

- 2008-2009 Implementation Plan
- Partnership Plan
- Training and Technical Needs Survey
- Burden Document
- Revision of 5-Year Strategic Plan
- Evaluation Advisory Group



Michigan Healthy Weight Partnership



Healthy Weight Partnership Advisory Meeting

Thank you to our Partners!

**From the
Nutrition, Physical Activity and Obesity
Prevention Program Staff**

